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ON THE EXHIBITION OF FOOD IN TYPHOID FEVER.

The following remarks made by Mr. Herard, in a clinical lecture at the Hotel Dieu, at Paris, are of particular interest at the present time, especially to the medical officers of our army hospitals:—

“The treatment of typhoid fever is of course different according to the theory adopted on the nature of the disease. The practitioner who views in typhoid fever follicular inflammation of the intestinal tube, an ulcerous affection of Peyer’s glands, and consequent absorption of poisonous fluids calculated to induce a septic condition, consistently prescribes antiphlogistic remedies in the incipient stage, and tonics in the more advanced period of the disease. Likewise, those who conceive that the decomposition of the local secretions is the primary cause of the infection of the system act consonantly with their theory in systematically exhibiting emeto-cathartics and laxatives. In these opinions, however, M. Herard does not participate; while taking into serious account the intestinal eruption, which, like that of smallpox, induces a certain amount of circumambient inflammation, he cannot admit this to be the proximate cause of typhoid fever. No concordance can be traced between this anatomical change and the general condition of the patient, the gravity of which must be acknowledged to be entirely independent of the local injury. Hence

the latter cannot be taken for a guide in the choice of the medication most appropriate to a fever in which the collapse of vital power and the obvious tendency of hemorrhage and mortification point most distinctly to a primary alteration in the composition of the blood. M. Herard does not deny that an emeto-cathartic may be proper to remedy the foul state of the primæ viæ, so common in the early stage of typhoid, but he can neither concede to aperients, to venesection, nor to local bloodletting, the privilege of being the exclusively appropriate modes of treatment of the disease.

"In typhoid fever M. Herard proceeds as follows :

"In moderate, and *a fortiori* in mild cases, he refrains from any active interference calculated to debilitate the patient, and to cause the disease to assume the dangerous form which justly occasions so much dread. M. Herard prescribes an emeto-cathartic, one or two doses of saline aperients, a few baths if the skin be very hot and dry, and wine and water. Baths restore the functions of the skin, and usually induce sleep. In the adynamic variety he resorts to tonics, stimulates the system with Malaga or Bordeaux wine, either in drinks or in enemata, prescribes from half a drachm to a drachm of powdered cinchona bark, in coffee without milk, and also recommends various stimulants, such as musk, camphor, acetate and carbonate of ammonia. He causes, at the same time, the eschars to be covered with powdered Peruvian bark, and requires from the nurses the most strict attention to cleanliness. In the ataxic form, the most fatal of all, bloodletting, leeches, blisters, are unavailing ; all remedies seem powerless. In order, however, not to appear inactive in cases of such dire gravity, he prescribes stimulants, dry cupping of the extremities, blisters to the nape of the neck, and cold effusions cautiously administered. In the thoracic form, which this year has been the most prevalent, blistering and cupping, with scarification, are the remedies which M. Herard has chiefly resorted.

"The above is a brief summary of the treatment appropriate to typhoid ; but in the management of the disease the all-important, the capital question is that of food.

"Despite the wise precepts of Hippocrates, said M. Herard, despite the recent researches which have only confirmed their value, we are still all more or less influenced by the now exploded doctrine of irritation. The terms fever and food still appear to imply a contradiction, although it is but too certain that in typhoid prolonged abstinence leads to the most disastrous results.

"Some ten years ago, M. Herard was in attendance on a lady suffering from a moderately violent attack of the malady under consideration. Cerebral symptoms having set in, a consultation took place, and an eminent professor of the school of medicine recommended absolute abstinence from food, and the daily exhibition of one or two glasses of seidlitz water. The latter part of the prescription M. Herard took upon himself in some degree to modify, but the abstinence was strictly enforced. After two or three weeks' treatment, the pulse rose from 110 to 120, nocturnal agitation set in, with wandering, delirium, vomiting, and diarrhœa. On the following days the frequency of the pulse increased to 145, vomiting became incessant, the diarrhœa incoercible, the delirium constant; the tongue was red, and thrush appeared over the entire mucous lining of the mouth. Another consultation was deemed expedient; the three gentlemen whose opinion was requested viewed the case in a different light. One pronounced the patient to be suffering from softening of the stomach; the others, struck by the pinched countenance, the emaciation of the entire body, and the cough which had set in in the incipient stage of the disease, believed in galloping consumption, and proposed cod-liver oil. M. Herard, who had long been acquainted with the patient, found it impossible to adhere to any of these views, and, moreover, unable to venture, under the existing circumstances, on the exhibition of cod-liver oil, surmised that the previous protracted abstinence might possibly have some share in the aggravation of the symptoms, and determined upon trying the effects of nutriment. He found it almost impossible at first to carry out this plan, and it was with the utmost difficulty that a few drops of iced beef-tea were swallowed. He succeeded by dint of perseverance, however; and when the food remained on the stomach, and in proportion to its increase, the pulse fell from 145 to 130, 120, 115 and 100; the delirium yielded, and, in short, the patient recovered.

M. Herard is convinced that similar cases are not of unfrequent occurrence, and that the dangerous symptoms of the ataxic form of typhoid are often induced by the strict abstinence previously enforced. In a highly interesting paper on the subject, M. Marotte has established that vomiting, diarrhœa, and delirium, more especially the latter, are characteristic of starvation. In a lecture recently published, M. Trousseau already pointed out the striking analogy existing between the more serious symptoms of typhoid and those of autophagy consequent on protracted abstinence. The valuable experi-

ments of M. Chossat may further be adduced in illustration of the theory which accounts for this extremely important fact, and must lead to a complete change in the treatment of typhoid fever.

"The expression we advisedly use is treatment, not diet. Nutriment here must be viewed not as an adjuvant, but as the principal medical agent. It has been objected that if food be exhibited, indigestion and emesis must follow. This is correct after protracted abstinence, and proves the necessity of early alimentation, otherwise the digestive powers of the stomach become impaired and the food is rejected. Opponents of the method further urge the impossibility of venturing on the exhibition of nutriment, on account of the deposits which necessarily exist on the mucous surface of the stomach, and poison the breath of the patient by their decomposition. Now these deposits are frequently but one of the consequences of abstinence, and if the tongue and gums are cleansed with a brush impregnated with honey of roses or syrup of mulberries, the sores do not form again after the ingestion of food. M. Herard had recently under his care, at Lariboisiere, patients who have fasted for three weeks, and who displayed marked distaste for any kind of nutriment. The gums were covered with sores, the breath was foul; but after cleansing the mouth and scraping the tongue, food, which these patients were compelled to take, produced its usual salutary effects, and in a few days was accepted with pleasure and with the most beneficial results. M. Marotte relates the case of a young man, aged twenty, who, at first compelled to eat, soon took his food with pleasure, and ultimately recovered in an unhopèd-for manner. The propriety of feeding patients suffering from typhoid has also been questioned in another respect; the presence of intestinal ulceration, of tympanitis and diarrhœa had been viewed as a direct counter-indication to the exhibition of nutriment, and as the probable cause of the most perilous symptoms in case this method was resorted to. This fear is entirely chimerical. You must not, moreover, forget that the cachectic condition of the patients is the greatest possible obstacle to the healing of the ulcers, and that the latter are portals through which poisonous principles will most readily be admitted. Subjects affected with intestinal ulcerations should be fed, and the ulcers, nevertheless, decrease in size, and heal in the same manner as bed-sores, so common under similar circumstances, yield to the influence of generous diet. Some short time ago, a woman was admitted into the Hotel-Dieu, on the twentieth day of a

typhoid fever complicated by extensive mortification in the region of the sacrum. Nutriment, appropriate in nature and in quantity, was gradually exhibited, and the wound speedily lost its pale aspect, assumed a more healthy hue, granulated, and healed. Had abstinence from food been here persevered in, she would very probably have perished; but a contrary course was followed, and she recovered rapidly. Another beneficial effect of nutriment is to shorten the duration of the convalescence, which formerly was interminable after putrid fever. Patients, who have received adequate support during the progress of typhoid, have been known to pass without any transition from disease to health, and walk in the garden of the hospital on the very first day they left their bed.

"It is not unimportant to inquire what should be the nature of the nutriment allowed. It was formerly the custom to exhibit food when only the feverishness had subsided, and it sometimes unfortunately happened that the delay was so long as to render the food superfluous. Other practitioners prescribe broth, under the impression that broth is sufficient support to the system. Broth is doubtless a nutrimental substance; we are all acquainted with its restorative powers, but we must not exaggerate its value. M. Bouchardat demonstrates that a quart of broth contains but six drachms of solid nutriment, two of which are saline ingredients; subtract from the remaining four drachms a certain amount which passes through the kidneys, and you will doubtless agree with me that the residue affords but insufficient support to the system.

"M. Herard proceeds then to describe his mode of administering food in typhoid. Soups are, in his opinion, the best articles of diet; egg-flip is often useful, and contains a larger proportion of nutriment especially applicable in the thoracic variety of the disease. Jellies are also advantageous, and when, on account of their volume, soups are not easily digested, the professor, even at an early period of the fever, does not hesitate to recommend the suction of mutton-chop. Patients whose stomach rejects the weakest broth, frequently digest with facility a small piece of broiled beef or mutton. He is no friend of the debilitating *tisanes* and diet-drinks usually prescribed, but agrees with M. Monneret in the utility of wine, as a stimulant of the vital powers. The beverage he recommends is weak wine and water, and, in addition, eight ounces of Bordeaux or bark wine, to be taken in enemata if necessary. When the digestive powers of the stomach have been much impaired, he conceives that pepsine, acting as a kind of ferment,

promotes the assimilation of the food and gives the gastric viscera time to recover their secretive action, the patient in the meanwhile, not suffering from the effect of injurious abstinence. Fifteen grains of pepsine may therefore be exhibited in a wafer with animal food.

"In addition to these physical restoratives, M. Herard has recourse to moral agency. The greater number of individuals suffering from typhoid fever in the hospitals are young people of both sexes, not only strangers in Paris, but often foreigners. Their isolated condition, combined with the knowledge that they are laboring under serious illness, has much to do with the low condition into which they speedily fall. Hence the importance of encouraging such patients by a kindness of manner and of language calculated to improve their moral condition, and to counteract the unfavorable influence exercised upon their system by the distressing circumstances under which they happen unfortunately to be placed."—*Journ. Pract. Med. and Surg.*, May, 1861.—*Am. Med. Jour.*

CHOLERA INFANTUM.

By W. OWEN BROWN, M. D., of Providence.

Read at the Quarterly Meeting of the Rhode Island Medical Society, Oct. 2, 1861

This disease occurs in New England in the hot weather of summer and early autumn, and is so familiar to most physicians, as to require no very minute definition. It is characterized by diarrhoea, vomiting, and great prostration of the system. The discharges from the bowels are variously colored, as green, dark brown, or resembling rice water. The odor is often very fetid, similar to that of putrescent meat, arising, perhaps, from the absence of the antiseptic influence of healthy bile, in due amount, in the intestinal canal. The fever which is usually present, occasionally assumes a remittent type. The bills of mortality in most cities, and the experience of physicians in the localities where it prevails, testify to its fearful fatality.

HISTORY.—It is doubted if there is another disease, which annually destroys so many lives, about which so little has been written. Authorities tell us that in our large cities, during

the summer months, about one-fourth of all the deaths, among children, arise from this disease. During the year 1860, five hundred and fourteen children are reported as having died from it in Philadelphia alone, which is perhaps not more than the average mortality from this cause, in most of the large cities in this country.

Though it causes this frightful destruction of infant life every year, yet the name of Cholera Infantum, or its synonyms, is not found in the indices to Braithwaite's Summary of Medicine and Surgery, during the six years from 1854 to 1860, thus leaving the inference that not an important article was written upon this subject during all that time. In the Year Book of Medicine and Surgery, of the Sydenham Society, for 1859, it is true that two articles upon the Pathological Appearances in Cholera Infantum are alluded to; both were published in that year. In one of these articles, the writer states that in many cases, the sinuses of the dura mater were found "filled with fresh blood coagula, and with fibrinous formations more or less adherent and firm," and hence arrives at the conclusion that the rapid loss of water from the blood, favors the formation of venous thrombus in the brain, and thus occasions sudden death, in many cases. In the other paper alluded to, the author relates four cases, in all of which he found inflammation of the colon, which he considers a constant attendant upon the disease. Besides these articles, the Year Book alludes to a paper upon Cholera Infantum, in the United States, as published in New York in 1858, and also to a paper published in the *Gazette des Hopitaux*, in 1858, entitled Weaning, —its Relations to Cholera Infantum. Perhaps the most valuable article yet written upon Cholera Infantum, is by Dr. Jas. Stewart, published in New York, in 1857. This paper, however, is not intended to present a bibliography of this subject. In the various medical periodicals, there are remarks upon the "Diarrhoea of Infants," which, from the kindred nature of the diseases, affords much valuable information relating to the subject immediately before us.

Dr. Condie states that "the disease occurs as an epidemic in all the large cities, throughout the middle, the southern, and most of the western States, during the season of the greatest heats, making its appearance and ceasing, earlier or later, according as the summer varies in the period of its commencement and close." "In the more southern States, it appears as early as April or May, and frequently cases of it occur until late in September."

Dr. Copland remarks, "that in some very unhealthy climates within the tropics, the children born of European parents seldom reach two or three years, without having an attack, and in some places scarcely one will survive this age, if suffered to remain in them. It is certainly not an infrequent malady among children in the English metropolis."

SYMPTOMS.—The disease, like Cholera, is often preceded by diarrhœa, but not unfrequently it commences at once, like cholera morbus, with vomiting and purging, and death sometimes occurs within twenty-four hours. More commonly it comes on with frequent diarrhœa, attended by occasional vomiting, with marked pyrexia, and the case may be protracted from one to several weeks, ending in complete irritability of the stomach, collapse, and, perhaps, cerebral effusions.

The diarrhœa may linger for months, even, and with the approach of cold weather, yield to treatment, or the recuperative powers of the system may then, alone, prove adequate to recovery.

PATHOLOGY.—This has often been minutely and ably described, and it is not the intention of the writer to go into detail, nor could he state anything original upon this head.

In cases of an early death from an attack, it is known that the mucus membrane of the alimentary canal is unusually pale, the liver frequently congested,—sometimes enlarged, and observers are perhaps unanimous in the statement that the *mucous follicles* of the alimentary canal are enlarged. Dr. Horner describes the appearance of the enlarged follicles as "resembling a sprinkling of white sand upon the surface of the mucous membrane."

In more protracted cases, the mucous membrane of the stomach and intestines exhibits evidence of inflammation in red points, and the glandular follicles are enlarged. Dr. Horner "found the mucous follicles enlarged, and even ulcerated, both in the small and large intestines, and in one case, ulcerations of the surface of the membrane in the jejunum."

Pathologists appear to be united in the opinion that there is present, *at first*, merely an *enlarged* condition of the *mucous follicles*, with irritation of the mucous membrane, and congestion and enlargement of the liver. At a more advanced stage, inflammation of the gastro-enteric mucous membrane, with, sometimes, ulceration and softening.

At almost any period of the attack, the meninges of the brain are liable to be involved, and serous, or sero-sanguineous, effusion to take place.

CAUSES.—The disease is known to be almost wholly confined to children under two years of age. The *mucous follicles* of such are “liable to be *largely developed*,” and the mucous membrane is peculiarly sensitive. During dentition, the buccal mucous membrane, as well as the salivary glands, perform their functions of secretion and excretion with unusual activity; by reflex action, the nervous irritability produced by the pressure of the advancing teeth against the gums, or against the nervous filliments distributed to the gums, would excite the mucous membrane of the stomach and intestines to morbid action; any indigestible substances taken as food, may increase this action, and the relaxing and debilitating effect of the hot, close, damp air of cholera infantum localities, together with the unascertained atmospheric poison absorbed into the system from such localities, complete the conditions essential to the production of this fatal disease.

It is well known that during the heat of summer, certain sudden changes, as from dry and warm to damp, sultry, “close” weather, will give origin to numerous cases of cholera morbus in adults; it is believed, that in large cities, corresponding atmospheric changes are attended by a large increase of cases of cholera infantum among children,—that causes which would, in adults, have produced cholera morbus, in the more sensitive and impressible digestive organs of the child, induce cholera infantum.

NATURE.—The pathological conditions throw much light upon the nature of this affection, rendering it very safe to regard it as essentially, at first, a *gastro enteric irritation*, passing into gastro-enteritis, with the concomitant lesions, involving especially the mucous follicles of the alimentary canal, complicated with congestion and enlargement of the liver; and made much more virulent by a depraved condition of the blood, induced by atmospheric toxæmia.

TREATMENT.—At the onset of an attack, the indications, reasoning from the pathology and nature of the disease, are:

1st. To quiet nervous irritability, whether arising from dentition, or other cause affecting any part of the digestive organs, and which, by reflex action, may induce vomiting or diarrhœa.

2d. To arrest the increased secretion and excretion of the mucous follicles, and thereby arrest another source of diarrhœa and vomiting.

3d. To control the fever induced by the blood poison, and give the system an opportunity to recover itself.

4th. At a more advanced stage to guard against collapse, or to arouse the system from it when it has supervened.

5th. The treatment of the sequelæ.

To meet these indications, the following remedies, variously combined, have been found very efficient:

Opium, or its preparations; creosote, calomel, and mercury with chalk; aromatics, as aromatic syrup of rhubarb, infusion of cinnamon, or of spearmint; astringents, as rhatany, in some of its preparations, and acetate of lead; to these may be added quinia, iron, mineral acids and ice.

To a child under two years, one twenty-fourth to one sixteenth of a grain of powdered opium, may be given, with half a grain to a grain of calomel, to promote the action of the liver; or, where there is not much gastric irritation, one to two grains of Dover's Powder, with a grain of mercurialized chalk, may fulfill the first indication to quiet nervous irritation.

The addition of a grain of acetate of lead, to either of the above, restrains the action of the secretory surface of the intestines, or constricts the mucous follicles, and at the same time, perhaps, allays febrile excitement.

Creosote is known to have a powerful effect in restraining serous discharges, and it seems highly probable that its antiseptic properties may be of advantage, since the discharges are so often highly putrescent; besides, it is often useful in allaying gastric irritation.

Aromatics, acting as local stimulants of the digestive organs, often prevent or overcome the want of tone which gives origin to morbid excretion.

Any successful attempt at arresting the diarrhœa and vomiting, is liable to result in an increase of fever, with great thirst; the profuse discharges from the stomach and bowels deprives the blood of its watery part, and in this manner, thirst is also induced.

Ice, given in small quantities, at frequent intervals, most happily controls the fever, and allays the thirst.

Since the preparation of this paper was commenced, the writer has had under treatment a child of some twenty months, sick with cholera infantum, which lay, part of the time, in a semi-unconscious condition, but was disturbed at intervals by pain, or aroused by thirst, and then so eager for fluids as to take nearly indifferently, unpalatable medicines or grateful drinks. When a lump of ice was placed in this child's mouth, with the first cooling sensation, it awoke from

its lethargy, and its face fairly beamed with pleasure. From that moment it began to amend, and recovered from a nearly hopeless condition.

Dr. Mauran, of this city, relates an instance which occurred to him many years ago, when ice was not so much used in practice as now. He was called to a child nearly in the collapsed stage of cholera infantum. It was vomiting most profusely a dark substance resembling coffee grounds. It entreated water from every one who approached, and vomited it instantly. Dr. M. called for some ice, and a lump was placed in the child's mouth, and retained with great satisfaction. Regarding the case as hopeless, and seeing the comfort the ice afforded, the Doctor sat by and gave it piece after piece, until, in a very brief time, the child had swallowed an entire saucer full. The ice was continued during the night as the child desired it. This patient rapidly recovered.

The fourth condition, or tendency to collapse, or collapse itself, is, of course, best met with hot applications, cordials and stimulants, if the stomach will bear them; but too often little remains which can be done with much hope of recovery.

In the Transactions of the Medical Society of the State of New York, for 1861, is an article upon "Dermoid Medication," which, it is said, "has often proved successful, in cases of cholera infantum, when all other means had failed." The skin is first cleansed with soap and warm water, and excited by frictions. Then a flannel, sufficiently large to cover the abdomen, is saturated with a solution of one scruple of corrosive sublimate, in six fluid ounces of alcohol. The flannel is sprinkled with laudanum and laid upon the bowels; over this is placed another layer, saturated with a hot infusion of spices. The whole is covered with oiled silk, and suffered to remain from twenty-four to forty-eight hours. Ice, iced champagne, &c., to be given internally.

The *sequelæ* are most likely to be chronic diarrhœa, with anemia, or marasmus. For the treatment of these affections, quinia, or quinia and iron, seem most admirably adapted, as the following:

R. Quiniæ et Ferri Citratis..... 3 ij.
Syrupi Zingiberis..... f. 3 iv.
Tincturæ Opii..... f. 3 ss.

Misce.—Dose, half a teaspoonful once in four hours, to a child under two years old.

It is familiar to the profession, that after opiates have failed

to restrain a diarrhœa, quinia, or quinia and iron, will most effectually accomplish this end. In an able article in the *American Journal of Medical Sciences*, No. LXXXIII, N. S., p 53, the writer says of "the more obvious and important effects of quinia, none is of so much importance as its power of giving contractile action to the capillaries. This property of quinia gives it a power over almost all forms of venous and capillary congestion, which, perhaps, it is impossible to obtain by any other known agent." In concluding his remarks upon the known antagonistic effects of opium and quinia, he says, "he is forced to the conclusion, that they are not so far antagonistic that they should never be administered together."—*Ibid.* p. 58.

Since the above was written, the writer has met with the following extracts, from the Transactions of the Illinois State Medical Society, for 1860 :

Speaking of the Diarrhœa of Children, Dr. J. O. Harris says:—"In this disease I find that after exhausting all the usual remedies advised by our standard authors, and by my brother physicians, that quinine, in *full* doses, frequently repeated, acted (or seemed to act) admirably. I thought at the time that I was prescribing empirically, and now do not pretend to explain the *modus operandi* of the remedy. I only know this, that my patient recovered under the use of quinine, and I still prescribe it, when I see no particular indication for its use."

Dr. J. S. Rich, of Florida, in an article upon Cholera Infantum, says he was remarkably successful in treating it with large doses of quinine. The following was given to his own child :

℞. Quinæ Sulphatis.....	grs. v.
Hydrargyri Chloridi Mitis.....	grs. iij.
Olei Terebinthinæ.....	gtt. xx.
Mellis.....	f. ʒ j.

Misce.—Give the whole at a dose.

After about twelve hours, the same dose was repeated, omitting the calomel. He says, "I could not detect any other effect of the quinine than a most profound and salutary sleep; the pulse, which had been much too frequent, irregular, thread-like and fluctuating, became slow as in health, and firm; the skin was continually moist, with warm perspiration; the kidneys acted most copiously; the bowels acted twice, but the last showing that the liver was performing its healthy functions. The most remarkable change was the disappearance of

the general cadaverous aspect and *grave-yard odor*. The return of appetite, and general powers of digestion, was extraordinary."—*Philadelphia Medical and Surgical Journal*, May 24, 1862.

The following is a summary of treatment which the writer has found happily to fulfill many of the conditions suggested in this paper.

In the early stages, the following mixture is given, unless there are manifest contra-indications, including all the ingredients, or omitting those not apparently required:

R. Syrupi Acaciæ.....	f. 3	iss.
Syrupi Rhei Aromatici.....	f. 3	ss.
Syrupi Krameriæ.....	3	ss.
Spiritus Ammoniae Aromatici.....	f. 3	j.
Tincturæ Oppi.....	f. 3	ss.
Creasoti.....	gtt.	iv-vi.

Misce.—To a child of one year or under, give half a teaspoonful once in four hours, gradually increasing the dose to a teaspoonful.

If this does not check the discharges, give at alternate doses, one twenty-fourth to one sixteenth of a grain of powdered opium, with half a grain of calomel, or omitting the first preparation, give the last once in four hours. If still more restraining effect is desired, add to the last half a grain of acetate of lead.

At any stage of the disease, if there is evidence of acidity in the primæ viæ, one or two grains of the bicarbonate of soda are added to the above powder, of course omitting the acetate of lead, when bicarbonates are given. Ice, as has been before suggested, or infusion of spearmint, cold, when there is not much gastric irritability. If there is much tenderness of the abdomen, mustard cataplasms, carefully guarding against vesication, or cloths wet with mustard and vinegar, pepper sance, or alcohol, are applied to the abdomen. When there are head symptoms, mustard cataplasms to the feet.

Dr. Condie states that minute doses of calomel rubbed up with sugar, and placed upon the tongue, will usually allay the vomiting.

Of course this treatment is not in any manner intended to suspend the paramount advantages to be derived from pure air, or a change of air, when practicable.

INDIVIDUAL REMEDIES IN EPILEPSY.

Dr. Anstie read a paper before the Medical Society of London (March 24, 1862,) in which he gave the results of his own experience in the use of certain remedies in epilepsy. These were of two kinds—tonics and sedatives: of the former he had made careful experiments with cod liver oil, quinine, and phosphorus, and also to a certain extent with iron; but of the effects of this last remedy he had not kept a tabulated record. Cod-liver oil was employed *alone* in twelve cases among the out-patients of Westminster Hospital and Chelsea Dispensary: the disease was in every instance of the simple or “idiopathic” kind; and the following results were obtained: Three complete failures (patients aged 14, 26, and 32, respectively; in all of them the disease was of long standing); one case in which the patient, a man, aged 44, derived no relief as far as regarded the fits, but his mental condition was improved; two cases (aged 10 and 12) which were improved, the fits being lessened in frequency, but the patients disappeared from the author’s supervision while still by no means cured; and, finally, six cases, all still under observation, in which the fits have ceased entirely, and, so far as can be seen, the disease has been cured. Out of these six cases, two were sufficiently grave to put the efficacy of the remedy to a severe test; one of them was that of a girl, aged 17, epileptic from infancy, and in whom the fits had for some time past been happening two or three times every day; the effect upon the facial aspect and upon the intelligence of the patient had been very serious. Cod-liver oil was employed persistently for three months with the effect of inducing an entire cessation of the fits, and a most marked improvement in the intellectual and sensorial functions. The other case was that of a boy, aged 13, in whom the disease, which was hereditary, had come on six months previously. The fits were not very frequent, but were very severe; the memory was a good deal affected, and the shape of the head and the aspect of the face were far from encouraging. Nevertheless, a complete cessation of the fits soon followed the use of cod-liver oil. The remedy was persisted in for six months on account of occasional threatening symptoms; but even these have quite disappeared. The mental condition is much improved, and the boy may be pronounced

cured, as far as we dare use that term at all. Quinine had been used singly in six cases: two of them had entirely resisted its influence (both these patients were women), a third had been very much benefited, the fits being much reduced in frequency, and an unpleasant numbness in the leg having disappeared. In the other three the improvement apparently amounted to cure. One of these cases, in which a very marked and peculiar aura was present, was minutely analyzed, and the influence of quinine in stopping the aura, and altogether averting the paroxysms, was plainly shown. Doubtless local measures might have done much in this case, but they were intentionally and successfully dispensed with. All the cases treated by the author with quinine had been distinguished by the presence of some persistent local pain or numbness. Phosphorus had been tried by the author in only two cases of epilepsy, at the suggestion of his friend and colleague, Dr. Radcliffe, who has recommended its use in his book, as also that of cod-liver oil. The cases were inveterate ones, in which cod-liver oil had failed to produce any effect. The phosphorus was given in doses of five to ten drops of the phosphoretted oil of the Prussian Pharmacopœia, three times a day. The fits were not lessened in frequency, but the general condition of the patients was much improved, and the miserable sense of nervous depression greatly relieved. Phosphorus ought to be extensively tried in epilepsy and in other nervous affections. With regard to iron, the author not having kept tabulated reports of its effects, was only able to confirm, in a general way, the popular belief in its great utility. He was in the habit of limiting its employment to cases distinguished by anæmia; and he related one or two instances of its usefulness when given in such cases. The author remarked that all these four tonics, cod-liver oil, steel, quinine, and phosphorus, were distinguished by the fact that they acted as *foods*, either to the nervous system, or the blood that nourishes that system. Looking at the success obtained by himself, and by other observers of larger experience, and also to the fact that the whole group of chronic convulsive diseases, of which epilepsy may be said to form the centre, are curable, if at all so, in nine cases out of ten by a nutrient- tonic regimen—the author urged that there was the greatest reason for extended experiments with remedies of this class, experiments which should be patiently persisted in for months together, no other medicines being used, except aperients when necessary. The sedatives of which the author had made particular trial were opium, hyoscyamus,

belladonna, and sulphate of aniline. With regard to belladonna, he must state that he had not thought it right to push it to the extent of producing wide dilatation of the pupil for a long time together. He had administered it in doses of one-sixth grain of the extract twice or three times a day, a quantity which is usually sufficient to produce the minor effects of the drug, namely, relief of neuralgic pain, and resolution of muscular spasms; and in these doses the results were very equivocal, and by no means encouraging. With regard to the other three sedatives, the author regarded it as proved by his own experience, that in a considerable number of instances they possess the power of delaying the fit, or mitigating its severity; and for this purpose he was at present inclined to give the preference to the sulphate of aniline. This remedy he had tried repeatedly upon six epileptic patients, and also in many other cases of chronic convulsive disease. It was a most serious mistake to administer sulphate of aniline, or indeed any other sedative, in large doses, with a view to arrest or diminish convulsive muscular action. In the only two cases of epilepsy in which the author had pushed it to the extent of large doses, on account of the failure of small quantities, a serious aggravation of the fits occurred. In doses of one grain three times a day, with an additional grain to be taken immediately on the occurrence of any *prodromata* of a fit, sulphate of aniline seemed to materially benefit four patients to the extent of delaying or mitigating the paroxysm, and in three separate instances the fit seemed to have been altogether averted for a considerable time.

In conclusion, the author desired to state his conviction that future experiments with sedatives should be limited to the use of small doses only, and that they should be employed chiefly in the slighter cases of epilepsy which are not of long standing, or in those in which tonics and nutrition had already done much, but had not quite effected a cure. In short, wherever we could reasonably hope to effect good by the mere fact of breaking through the vicious habit, so to speak, of convulsion; then we might well try experiments with sedatives, and the results obtained by each observer should be numerically noted, and published.—*Med. Times and Gaz.*

ON OVARIOTOMY;
THE MODE OF ITS PERFORMANCE, AND THE RESULTS OBTAINED AT
THE LONDON SURGICAL HOME.

By I. B. BROWN, Esq., F. R. C. S.,

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After some preliminary observations upon the operation of ovariectomy, its now recognized character, and the mortality from it being much less than that from many other capital operations, the author alluded to the statistics of Mr. Clay, of Birmingham. He believed that, highly favorable as were the results given, there was good reason for supposing that they would become still more so when the statistics were hereafter collected, subsequently to the period to which Mr. Clay's cases extended—namely, February, 1860. The conditions rendering the operation justifiable were next dwelt upon. The difficulty of diagnosis was shown, especially in cases complicated with cancer. Much would, however, depend upon the history of the patient and her family, in arriving at a correct conclusion. Adhesions at the present time rarely prove an obstacle to the completion of the operation; they are either broken through with the hand, or divided with the hand or ecraseur. When necessary to secure any by ligature, he advised the use of silver wires instead of thread or twine, allowing them to remain within the abdomen after cutting them short and close.

The author next fully described his mode of performing ovariectomy. He advises the pedicle to be enclosed in a clamp—the ordinary carpenter's calipers—as near to the tumour as possible, and kept externally. Its advantages are, that it can be removed in from one to three days; the wound heals quickly, and convalescence ensues in two or three weeks. If the pedicle proves to be very short, and pain is complained of, the clamp is to be removed in a few hours.

The preliminary measures to be adopted previous to the operation were then described, and their importance shown as bearing on the subsequent results. Amongst others, the author advised the observation of certain atmospheric conditions, and the avoidance of any proceeding when the atmosphere was low and heavy, with an absence or deficiency of

ozone, and in that condition generally which we describe as depressing. If greater attention were paid to atmospheric changes, the author thought there would be much less of gangrene, pyæmia, low fever, &c., so frequently witnessed after operations.

The after-treatment was also dwelt upon, and, finally, the analysis of the cases. Of the latter, ovariectomy has been performed nineteen times by the author in the London Surgical Home up to the present time. Of these, thirteen have been recoveries, and six deaths. The details and special particulars of the whole of these cases were given in a series of tables. The ages varied from eighteen to fifty-six. Of the successful cases, eight were under the age of thirty, and five above; whilst of the unsuccessful, one was twenty-one, and five were thirty and upwards. The duration of the disease in the successful cases was from four months to six years; six were within the first year, or ten within two years, and three over the latter period. Nine were single, and four were married, and of the latter, two only had had children. Five had undergone tapping from one to three times. In the unsuccessful cases the duration of the disease was from two to ten years; four were married, three of whom had families of from three to six children. Four of the fatal cases were tapped from one to six times. The general health was very good in five of the successful cases; in six it was but middling; in one it was shattered, and in another bad. In the unsuccessful cases four had bad health; one was in good health, and another had good health up to six weeks before the operation.

With respect to the operation, the incisions varied from three to seven inches long; in eleven it did not exceed five inches. The tumors were multilocular in eleven, and unilocular in two of the successful cases; in the unsuccessful they were multilocular in four, unilocular in one, and more or less solid in the sixth, containing hair, teeth, bones, &c., and no doubt congenital. Adhesions were found in all except four of the successful and one of the unsuccessful cases. These varied very much, being either very slight and easily broken down, or firm, strong, and unyielding; some were numerous in all directions, requiring to be cut or ligatured. Chloroform was given in all the cases; in two it had to be discontinued, but the patient suffered no pain; in two instances ether was substituted during the latter part of the operation. The pedicle was retained outside of the abdomen in all but two of the cases, the calipers being used for the purpose of holding

it. In all the operations performed lately, the wound had been closed by silver-wire sutures, simply twisted. Of the causes of death in the six fatal cases, in two instances it clearly arose directly from the operation itself; in the other four, conditions were found which chiefly brought about this result; in one case—that of the solid tumor—there was much old disease found; in another, the patient had been a hard drinker, was tapped five times, the belly being filled with 45 pints of ascitic fluid, independently of the contents of the ovarian cyst, there was softening of the liver, and death occurred in six days. In the other two cases, diarrhœa carried off both—one in eight days, and the other in eighteen after the operation. In one of these, cancer of the duodenum was found, wholly unsuspected during life. The author concluded by stating that all these operations had been witnessed by gentlemen from various parts of the world, of Great Britain, and the metropolis, many of whom had watched the results from day to day and week to week.—*London Lancet.*

CONSERVATIVE MEDICINE.

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“What does the writer mean by *Conservative Medicine*?” This will be the mental inquiry of the reader when the caption of this article meets his eye. It is desirable, first of all, for the writer to explain the subject which he ventures to hope will appear to possess interest enough to lead to a perusal of the pages which are to follow.

The meaning of *Conservative Surgery* is well understood. This phrase has been sufficiently common of late years. The conservative surgeon aims to preserve the integrity of the body. He spares diseased or wounded members whenever there are good grounds for believing that by skillful management they may be saved. He resorts to mutilations only when they are clearly necessary. He weighs carefully the dangers of operations, so as not to incur too much risk of shortening life by resorting to the scalpel. By conservative

medicine, I mean an analogous line of conduct in the management of maladies which are not surgical. The conservative physician shrinks from employing potential remedies whenever there are good grounds for believing that diseases will pursue a favorable course without active interference. He resorts to the therapeutical measures which must be hurtful if not useful, only when they are clearly indicated. He appreciates injurious medication, and hence does not run a risk of shortening life by adding dangers of treatment to those of disease. Such, in brief, is an explanation of the subject of this article. For the phrase *conservative medicine* I am indebted to a distinguished friend and colleague, well known as eminently a conservative surgeon.*

During the last quarter of a century a change has taken place in medical sentiment as regards surgical operations. New and grand achievements in surgery seemed formerly to be the leading objects of personal ambition. To borrow a fashionable expression, they were decidedly the rage. Boldness in the use of the knife was the trait in the character of the surgeon which was most highly admired. The history of surgery during the first third of the present century is characterized by the introduction and frequent performance of numerous formidable operations. It was customary to speak of them as brilliant, and the daring surgeon enjoyed somewhat of the *eclat* which belongs to the hero of the battle-field. This analogy was implied when one of the greatest of our American surgeons, wishing to distinguish his most brilliant exploit, styled it his Waterloo operation. The change that has taken place is marked. We hear now comparatively little of terrible operations, and of that sort of heroism which is associated with bloody deeds. What would once have been considered as a degree of courage to be admired, is now stigmatized as rashness. It is an equivocal compliment to say of a practitioner that he is a bold surgeon. The change, it may be said, is in a measure due to the fact that the great number of new operations which have been introduced since the beginning of the present century leaves but a limited range for further explorations in that direction; but this explanation will go only a little way. The change is one of sentiment. The desire is to preserve the integrity of the body, to avoid mutilations, to incur the dangers of capital operations only when they are imperatively called for—in a word, conservatism

has become the ruling principle in surgery. The most important of the most recent improvements in surgery exemplify the influence of this principle on the medical mind.

An analogous change, within the same period, has taken place in medical practice. Formerly, boldness was a distinction coveted by the medical, as well as by the surgical practitioner. "Heroic practice" was a favorite expression, consisting in the employment of powerful remedies, or in pushing them to an enormous extent. The physician emulated the surgeon in daring. The change is not less marked in medicine than in surgery. We hear now oftener of diseases managed with little or no medication, than of cases illustrating the abuse of remedies. In the treatment of many affections it is considered necessary to employ measures which, but a few years ago, it would have been considered culpable to withhold. The change, too, is here one of sentiment. We desire to preserve the vital forces, to avoid the perturbations and damaging effects of potential therapeutic agencies—in short, conservatism has become a leading principle in medicine as well as in surgery. The improved method of managing a host of affections will be found to illustrate this fact.

Before proceeding further, let us inquire how the contrast between medical practice at the present moment and a quarter of a century ago, should affect our estimation of medicine. Is medicine disparaged by the changes which have actually taken place? It is not enough to answer this question in the negative. Mutations, when they denote progress, are, of course, desirable. In so far as the contrast shows improvement, medicine at the present moment is deserving of esteem, the more, as the changes are great. It redounds to the glory of medicine that it admits of illimitable progressive changes. In this fact lies the distinctive feature of legitimate medicine as contrasted with illegitimate systems of practice. But, some one may say, is there to be no stability in medicine, no traditional authority, and is reverence for the past to have no influence? If not, where is our ground of confidence in the practice of the present day? And is it not probable that at the end of another quarter of a century mutations will have occurred twice as great as those which have taken place during the last twenty-five years? These questions are to be met fairly and squarely; let us endeavor so to meet them.

Waiving the consideration of what constitutes perfectibility in the *ars medendi*, and whether it be obtainable or not, no one will assert that medicine is now, or ever has been, in a

condition not to admit of indefinite improvement. Improvement in its practical applications and results is the great end of the labors devoted, now and hitherto, to the different departments of medical knowledge, viz: anatomy, physiology, animal chemistry, materia medica, pathology, and clinical medicine. We may assume that these labors, thus far, have not been profitless, and, accordingly, that practical medicine has improved. We may assume, also, that there is abundant encouragement to continue these labors, and, hence, that further improvement is to be expected—to what extent it is vain to speculate. It necessarily follows that stability in medicine is not to be counted upon; that the doctrines of to-day have no intrinsic claim to perpetuity; that because they are now in vogue is not a sufficient reason why they should not hereafter be modified or rejected, and that there is, to say the least, no ground to deny the possibility of the changes which are to take place hereafter being a whit less than those which have already taken place. What then? There are skeptics and scoffers with regard to medicine, and there are many persons who live and thrive by promoting popular distrust of it. It may seem to be giving aid and comfort to the enemies of medicine to concede that its past history abounds in errors, that present errors doubtless abound, leaving ample scope for future improvement. Be it so. We have nothing to do with skeptics, scoffers, and charlatans. We are not called upon to repel attacks prompted by ignorance, selfishness, and deceit. Yet it is desirable, with regard not only to the interests of the medical profession, but to the welfare of humanity, that medicine should hold its proper place in popular estimation. What, then, is the attitude to be taken as regards the just claims of medicine to public consideration and confidence? A body of men in every generation, from the time of Hippocrates to the present day, in all civilized countries, have conscientiously and industriously labored to acquire knowledge of diseases with reference to the relief of suffering and the prolongation of life. Under a host of difficulties and obstructions, many inherent in the pursuits themselves, and others proceeding from various intrinsic sources, the labors of physicians and their collaborators have continued and still continue. Now, granting that they have advanced slowly and often been led astray, where else can society ever seek for aid in the necessities of illness with a better prospect of success? Granting that they have failed, and still fail, in conferring all the benefit that it is to be desired, and that, with the purest

intentions, their efforts have been sometimes not only without avail, but hurtful, should the preponderating good be therefore overlooked, and is there any rational alternative but to accept good and submit to the limitations and errors incident to existing knowledge? All that society can claim of medicine in any generation is, the capabilities of the medical science in that generation. All that society can claim of physicians is, that these capabilities shall be understood and judiciously applied. But we are opening up trains of thought which will lead us a long way from our subject, and we must abruptly return to the consideration of conservative medicine.

It is an interesting point of inquiry, whence came the influences leading to conservatism as a principle of medical practice? The answer to this inquiry would not be the same in all countries and sections. It must be admitted that in our country the earliest and fullest development of the principle was in New England. Our New England brethren are fond of dating a new order of medical ideas from the publication of an address, more than twenty years ago, by Jacob Bigelow, on the self-limited character of certain diseases. Not underrating the importance of that publication, the spirit of the oral teachings of James Jackson and John Ware has exerted on the medical mind of New England an influence which can only be appreciated by those who have experienced it. To those who have known experimentally the value of their teachings, it is a source of deep regret that the influence of these admirable professors has not been more widely diffused by means of larger contributions to medical literature. British conservatists attribute much to the writings of Dr. Forbes. Among the non-medical observers of the change in practice which has taken place, some have been persuaded that it is due to the disciples of Hahnemann, an idea too preposterous to need refutation. The truth is, we are not to look for the causes of the change exclusively in the views emanating from particular persons. It is rather a legitimate result of scientific researches in different directions. If we were to specify circumstances which have more especially been instrumental in leading to the principle of conservatism, we would mention, *first*, the abandonment of the attempt to found a system or theory of medicine after the decline and fall of Brunonianism and Broussaisism; and *second*, the study of diseases after the numerical method with reference to their natural history and laws.

Strange as it appears, the importance of determining by

clinical observation the intrinsic tendencies of different diseases as the basis of therapeutics, seems to have been heretofore overlooked. Physicians have acted on the presumption that most diseases do not pursue a favorable course without treatment more or less efficient. This has been, to a still greater extent, the popular belief. The apparent proof of the success of the Hahnemannian treatment rests on this belief. What are the facts already ascertained with respect to the intrinsic tendencies of different diseases? We know that diseases in the management of which, but a few years ago, the physician would not dare to omit potent therapeutical measures, almost invariably end in recovery without any active treatment. Take, as examples, pneumonia limited to a single lobe, and acute pleurisy. It is sufficiently settled that these diseases involve very little danger in themselves, proving fatal only in consequence of complications. The practitioner, therefore, no longer feels obliged to employ blood-letting, mercurialization, cathartics, blisters, etc., in these diseases, with reference to the saving of life. The only question is, do patients pass through these diseases as well without as with such measures of treatment? Clinical observation, following up this inquiry, arrives at results which exemplify conservative medicine.

Our acquaintance with the natural history of the great majority of diseases is, as yet, very incomplete. Knowledge of the tendencies of diseases allowed to pursue their course without active treatment, is not readily acquired. We cannot conscientiously withhold remedies which we have reason to believe may prove useful. Cases are therefore to be slowly accumulated in which, from circumstances not under our control, diseases have been uninfluenced by therapeutic interference. This knowledge, it is evident, is the true point of departure for the study of the effects of remedies as regards the termination and duration of diseases. The information already obtained has rendered the use of powerful therapeutic agencies far less common than they were but a few years since. It remains to be seen hereafter what will be the further effect on medical practice of continued researches in this direction.

Conservative medicine assumes the remedial measures, according to their potency, must either do harm or good; that they can never be neither hurtful nor useful. Prior to the advent of conservatism, this important fact was not duly appreciated. Blows were leveled at diseases, but the patient was not enough considered. It did not enter sufficiently into

the calculations of practitioners, that if successive blows dealt at a disease were misdirected, the effect was not lost, but injury was inflicted in proportion to their force. Hence, it must needs follow that the sick man sometimes encountered, in addition to his malady, assaults not less real because well meant. In this respect, certainly, we have evidence of progress. We are satisfied that we do not err in saying that the most judicious practitioners of the present day accept the following maxims of that eminently conservative physician, Chomel: *first*, that we are not so much to treat diseases, as patients affected with disease; and *second*, that not to do harm, is no less an object of treatment than to do good.

In defining conservative medicine, we have seen that it expresses a characteristic of the improvements in medical practice during the last twenty-five years. Let us now direct our attention to illustrations afforded by some of the different classes of remedial measures. And, first of all, blood-letting suggests itself. How great the change as regards this remedy! Twenty-five years ago it was employed as if it were an innocuous remedy. Practitioners thought much more of the risk of not resorting to it when it was needed, than of the evil of its being needlessly resorted to. Hence, they often acted on the rule inculcated by a medical writer, viz., when in doubt, use the lancet. How different the rule of treatment now! Few practitioners of the present day would resort to this remedy in any case in which its appropriateness seemed to them questionable. Why not? Because it has been ascertained to be a spoliative remedy. It causes a disproportionate loss of the corpuscular elements of the blood, which are slowly regenerated. These corpuscular elements are already deficient in many diseases. In short, anæmia and its pathological relations were very imperfectly understood a quarter of a century ago. It is clear now to every one that, if not indicated, blood-letting should never be employed. This simple statement explains, in a great measure, the comparative disuse of blood-letting. The great question now is, whether it is a remedy called for more or less frequently in the management of certain diseases, chiefly the acute inflammations. I do not propose to enter here into a discussion of this question. This much may be said: Clinical observation, which is alone competent to settle the question, has shown that it is a remedy not called for so often or to so great an extent in acute inflammations as was supposed but a few years ago. A single incidental remark with respect to blood-letting, and it is one which

will to other remedies: In determining its influence for good or evil by means of clinical observation, it is not enough to take into account the ratio of recoveries, and the duration of cases of disease. Blood-letting may not increase the mortality from a disease, nor protract its continuance, and, yet, prove injurious. The injury may be manifest only in the slowness of convalescence and the impaired condition of the system after recovery.

Cathartics were prescribed a quarter of a century ago much more generally and to a much greater extent than at the present time. In fact, purgation was considered as rarely out of place, whatever might be the nature or seat of the disease. This harmonized with the notion that very many diseases originated in, and nearly all were liable to be perpetuated by, causes acting within the alimentary canal. Abernethy's views of the constitutional origin of local diseases were generally received and acted upon, and with him the constitution and the bowels were almost convertible terms; constitutional treatment consisting in the nightly blue pill and the morning black draught. The great Sir Astley Cooper quoted with approbation the quaint saying of an old Scotch doctor, who declared that fear of God and keeping the bowels open were the chief requisites of duty for safety in this world and the world to come! The importance of purgation became deeply rooted in popular sentiment. Cathartic pills or potions were considered indispensable in every household, and it would hardly express the frequency with which they were used, to say that family devotions were far less common. These were the days when, as Stokes remarks, more truly than chastely, doctors seemed to have always in their minds "a cathartic and a pot-full of fæces." In this day, when a change has taken place as respects the employment of purgatives, physicians suffer from the fact that it takes a long time to eradicate a firmly-fixed popular notion. Not only do we find it often embarrassing to reconcile patients to a different practice, but we are expected to inquire into, and carefully examine daily, by sight and smell, the excretions of patients, when we might otherwise consult our comfort (to say nothing of dignity) by dispensing with this exercise of the senses. The objects for cathartics, as now considered, are comparatively few, consisting chiefly in the removal of constipation, and their hydragogue operation in dropsy. They are no longer given as a matter of course, without definite indications. As perturbatory and debilitating agents, they cannot but do harm if not required, and their

frequent repetition conflicts with nutrition, and thereby with sustaining measures of treatment. The change, as respects this class of remedies, thus illustrates the principle of conservatism.

It is needless to remind the reader familiar with the practice current twenty-five years ago, of the frequency with which emetics were employed. Of morbid causes referred to the alimentary canal, a large share were supposed to exist in the *primæ viæ*—an expression then often used by writers and in common parlance. The same notion taken up by the public was conveyed by the homely expression “foulness of the stomach.” Emetics were prescribed by physicians to remove saburral matters, and vomiting desired by patients as a cleansing operation. Severe and prolonged vomiting by lobelia, in conjunction with the vapor bath, constituted the Thomsonian practice, which in certain parts of our country, for several years, was considerably patronized. At the present time, emesis, irrespective of cases of poisoning and over-repletion, is rarely produced, excepting as incidental to the rule of remedies not prescribed for that purpose, such as the nauseant sedatives, colchicum, veratrum viride, etc. What would be thought of a practitioner now who treated cases of phthisis with emetics repeated almost daily! Yet, within the memories of physicians of twenty-five years’ standing, this practice has been advocated, and, to some extent, adopted. The progress of medical conservatism has led to the abandonment of emetics as perturbatory and debilitating agents, excepting in the rare instances in which they subserve an explicit purpose.

The practice of the present time presents a striking contrast with that twenty-five years ago, as regards the use of counter-irritant applications. The physician whose professional career has already extended over that period, is sometimes reminded of the severe measures then in vogue, by the exhibition of indelible scars on the bodies of his old patients. He is not likely now to contemplate these traces of his former vigorous practice with lively gratification. Blisters, sometimes applied successively over the same space, and not diminutive in size, tartar-emetic ointment and plasters, issues, the moxa, etc., were considered as among the most efficient of the means of influencing the cure of a host of local affections. How much less frequently are they now used, and, when counter-irritation is deemed advisable, how much milder are the applications chosen! Physicians were strongly impressed with the belief that local affections were often removed by revulsion. They

accepted the doctrine of Hunter, that two diseases rarely concur, and, hence, that an artificial disease is likely to effect a cure by a process of displacement. Not only has this doctrine been disproved by pathological researches, but these have shown a large number of the local diseases formerly regarded as primary, to be the secondary or tertiary effects of morbid conditions then unknown. Bright's disease had not been discovered, and its multitudinous pathological consequences were, of course, unintelligible. In those days solidism prevailed, and hæmatology has been since created. Physicians made no account of blood-poisons, and the old humoral notions of coction and fermentation had not been revived under the modern but equally indefinite garb of catalysis. Mr. Farr had not invented the name Zymosis, a name expressive of our ignorance, rather than conveying any precise knowledge, but, nevertheless, significant of a wide and most important leap from the doctrine of solidism; or, in other words, of a passage backward, guided by the light of modern science, to humoralism, which, as Rokitsansky remarks, is simply a requisition of common sense. This change in pathological views, in conjunction with clinical observation, has led physicians to distrust, more and more, the value of counter-irritant applications, and, at all events, to conclude that severe revulsive measures are rarely called for; hence, the change in practice is in conformity to the principle of conservatism.

The contrast as regards the use of mercury affords a signal instance of progressive change. The remarkable efficacy of this remedy in certain affections naturally led to the expectation of its utility in many diseases. Mercurialization being a disease, it accorded with the current belief of the incompatibility of different affections, to suppose that it displaced other diseases. It was considered as *par excellence* an *alterative* remedy; and what a latitude for imagined results was afforded by that title! Moreover, its supposed special action on the liver accorded with the notion that the secretion of bile had much to do with morbid phenomena. The relief or prevention of portal congestion was incidental to its hepatic effects. It lessened exudations; it promoted the absorption of morbid products; it altered the secretions; it dispelled local engorgements, and, by exciting stomatitis, it acted by way of revulsion. Waiving here, as in the other instances, discussion of the actual value of this remedy, the extravagance of the views formerly entertained is now sufficiently evident. The statements of those who have made war upon this article of the

materia medica, and the popular prejudices thereby produced, are equally, or still more, extravagant; but it is a remedy potent for harm when inappropriate, as it is powerful for good when indicated; and, therefore, the great change that has taken place as regards its use exemplifies conservatism.

These examples are sufficient to show how conservative medicine is illustrated by recent improvements as regards the employment of particular therapeutic measures. They furnish evidence of immense progress in practical medicine. Let not this statement be misunderstood. The improvements which have been noticed consist in the restricted use of blood-letting, cathartics, emetics, counter-irritants, and mercurials. Does the restricted use of these measures detract from their real therapeutic value? Not at all. Medicine has, by no means, repudiated them. She employs them with better judgment and discrimination; thus, availing herself of the good they can accomplish, she escapes the evils arising from their injudicious and indiscriminate use.

If we look at the progress of medicine during the last quarter of a century from another point of view, we find additional examples of conservatism. Regarding it exclusively from the point of view already taken, it appears that, in proportion as the practice of medicine has improved, reliance on certain active or heroic measures of treatment has diminished. This is true, but it is not the whole truth. Some measures are employed with much more freedom now than a few years ago. The use of opium and alcoholic stimulants, in certain diseases, affords the most striking illustrations of this truth. These instances also exemplify the principle of conservatism. Opium and alcohol, in excessive doses, occasion immediate disorder, of more or less gravity, and may destroy life. But given so as not to incur any risk of these effects, they do not conflict with conservatism, because their operation is transient, and, unless their use be continued, they do not leave behind them damaging effects. Given in quantities which are comfortably borne, they certainly do not impair the vital forces by perturbation, by loss of fluids, by affecting the constitution of the blood, or by inducing local changes, as do the measures previously noticed. This statement, of course, has nothing to do with the ulterior consequences, moral and physical, of intemperance or opium-eating. Here, too, as in other instances, discussion of the *modus operandi* of remedies is waived. Most physicians will agree in the statement that, when indicated as remedies, opium and alcohol sustain the vital forces. In this

respect they are positively conservative. But a point of distinction is, when not indicated, if given within certain limits, and not continued, they are neither spoliative, exhausting, disturbing, nor disorganizing, as are various other measures, and, therefore, not, like the latter, even then, antagonistical to conservative medicine.

The contrast between the practice of medicine now and twenty-five years ago is not less marked, as regards the use of opium and alcohol, than as regards the restricted employment of other measures. Let the practitioner, who has seen service for a quarter of a century, consider what a responsibility he would once have taken in treating cases of pneumonia with brandy and opium, to say nothing of the continued fevers. The wonderful tolerance of these remedies in certain cases of disease is a recent discovery. Let the same practitioner consider whether he would once have ventured on a hundred grains or more of opium *per diem* in a case of peritonitis, or grain doses of the sulphate of morphia hourly, continued for several days, in a case of dysentery. Let him consider whether, at the commencement of his career, with the fulminations of Broussais on incendiary practice resounding in his ears, he ever dreamed of the propriety of giving quarts of spirits daily to fever patients, and of finding the frequency of the pulse diminished, and the mind become more clear under this heavy stimulation!

If we turn from remedial measures to dietetics, we find that the improvement which has taken place in practice contributes to the illustration of conservative medicine. In fact, conservatism is, perhaps, not less conspicuous in the contrast as respects the diet of the sick than in any other point of view. In cases of fever, and all acute diseases, twenty-five years ago, it was generally deemed an essential part of the treatment to withhold alimentary supplies. It was a frequent saying to patients who craved food, that to allow it would be to nourish the disease. In chronic affections, too, the diet was usually much restricted. It was believed that a large majority of diseases were attributable, directly, to dietetic imprudences, and that the over-ingestion of food, during the progress of diseases, was, of all indiscretions, the most prolific of evil. Physicians seemed to lose sight of the plain fact that the vital powers must languish in proportion as the alimentary supplies fall below the wants of the system, and that death may be produced by starvation in disease as well as in health. At the present time, a nutritious diet is considered as highly import-

ant in the management of fevers, as well as in diseases which tend to destroy life by exhaustion, and most physicians appreciate the importance of keeping the body well nourished in chronic affections.

Incidentally a point for remark is here suggested. Twenty-five years ago disorders of digestion, grouped under the name dyspepsia, were extremely frequent. Dyspepsia was the popular malady of the day. The number of dyspeptics, of late years, has greatly diminished. The malady is comparatively infrequent. Why is this? I believe it to be explained, in a great measure, by the fact that in the matter of eating, instinct has regained its rightful supremacy. We do not hear so much now, as then, of the liabilities to dietetic errors. Physicians are not so ready to attribute diseases to some imprudence at the table. The subject is not brought to the minds of the people by means of conversation, popular books on diet, public lectures and sermons. The healthy man no longer sits down to dinner with fear and trembling lest he should eat too much, or indulge in improper articles of food. There are fewer patients who hold to the fanatical notion, that moral and physical health requires the demand of the system for food in sufficient quantity and variety, as expressed by hunger and appetite, to be resisted; and that the welfare of body and mind is promoted by living on a poor and insufficient diet. We rarely, now-a-days, hear the injunction, which was once impressed upon all who would preserve health, to adopt the habit of always rising from the table hungry. Nature and common sense have triumphed over these absurd ideas, and, among other advantages, dyspeptic ailments, which formerly tormented so many persons, have wonderfully diminished.

Recurring to the definition of conservatism in medicine, it suffices to say that it means the preservation of the vital forces. It is a principle in medical practice, covering everything which prevents impairment of, or tends to develop and sustain, the powers of life. The terms "vital forces" and "powers of life," although they are not readily explained, have a practical meaning, which is well enough understood, and it is unnecessary to enter into an explanation of them. It has been the object, in the foregoing pages, to give an exposition of conservative medicine, and to show that conservatism, in the sense in which the term is now used, is a distinguishing feature of medical practice at the present time, as contrasted with the practice which prevailed twenty-five years ago. The

development and adoption of this principle have been seen to be results of progress of medical knowledge, and the circumstances which seem especially to mark the beginning of the changes illustrating the principle are, abandonment of attempts to reduce the practice of medicine to a system, after the failure of the latest, viz: Broussaisism, and the study of the natural history of diseases, as inaugurated by Louis. It is by no means, however, intended to ignore the fact that the cultivation of all the branches of medical knowledge has powerfully co-operated to the same end. The changes which have taken place during the last quarter of a century have not been due to a prior recognition of the principle of conservatism; but now that the changes have occurred, we find conservatism to be common alike to all, binding them together, and constituting their most striking characteristic. Having reached the principle thus analytically, are we not bound to recognize it as a fixed principle of medical practice, and one possessing great practical importance? Assuming it to be such, the remainder of this article will be devoted to its applications in the management of different forms of disease. And, first, let us consider the application of conservatism to the treatment of patients with inflammatory.

Theoretical views led to the measures called *antiphlogistic* in cases of inflammation. These measures, consisting of general and local blood-letting, cathartics, and rigid or restricted diet, were considered as antagonizing the state of inflammation; not unfrequently arresting its progress, and, when not successful in this end, diminishing its severity, limiting its morbid effects, and abridging its duration. As already remarked, the injury which these measures are capable of doing was overlooked; and, on the other hand, all will admit that their efficacy, in effecting the objects just stated, was greatly overestimated. Clinical experience has shown that we cannot rely upon these measures to arrest the progress of inflammation. Admitting the possibility or probability of success in a small proportion of cases, we are not justified in exposing patients to the injury produced if these measures do not succeed, when the chances are few that they will prove successful. This statement expresses a rule of conservatism applicable to all potent measures employed in any disease as abortive measures of treatment. Measures not impairing the vital forces are allowable, even when the probability of success is small. Opium, for example, is admissible as an abortive remedy when blood-letting is clearly inadmis-

sible. But measures which, if not successful, will do harm, are only to be resorted to when the chances of success preponderate over those of failure. Conservatism, therefore, does not justify the employment of the antiphlogistic treatment with a view to the arrest of inflammation, without taking the ground that they invariably fail.

(To be continued in our next number.)

ORIGINAL COMMUNICATIONS.

CASE OF OVARIOTOMY—SUCCESSFUL.

Reported by A. FISHER, M. D., Chicago.

Mrs. Thinius, a German lady, aged 47, of a bilious and nervous temperament, has had seven children, the youngest 14 years old; menstruation ceased 9 or 10 years since. First discovered a small tumor in the right side about a year ago. She said, however, that it soon disappeared, and about the same time she detected one in the left iliac region, where it has remained ever since, gradually increasing in size.

At that time, July 8th, 1862, she was much larger than women ordinarily are just before parturition. An indurated tumor could be distinctly felt in the left iliac region, circular in form and about six inches in diameter. It was movable in every direction and could be separated from the uterus two or three inches. Although the parietes of the abdomen were very much distended, hard and unyielding, fluctuation was perceptible in every part of the abdomen, with the exception of the space occupied by the tumor. She has never experienced any pain or inconvenience from it, except from pressure for the past two or three weeks.

The case was diagnosed, by Dr. Myers and myself, ovarian tumor with ascites; Prof. Allen afterwards saw the case with us, and confirmed our diagnosis. We told the patient that she

might get temporary relief by tapping; but the only hope of a permanent cure was extirpation of the tumor, and that would be a very severe and dangerous operation. After telling her the facts and even magnifying the danger, she concluded to have the operation performed.

Accordingly, on the 10th of July, after evacuating the patient's bowels freely, she was placed upon a table properly prepared, and soon brought under the influence of chloroform by Professor Allen, who kept her fully anæsthetized, carefully watching her during the operation, which was performed in the presence of Drs. Myers, Macalister and Rogers, who assisted me. The operation was commenced by making an incision in the linea alba below the umbilicus two or three inches in length into the peritoneal cavity. Two or three gallons of clear serum was evacuated from the peritoneal cavity, and three or four quarts from the sack attached to the tumor. Finding no adhesion, the opening was enlarged to about six inches in length. I then introduced my hand and drew out the tumor with the sack, and passed a needle around with a double ligature through the pedicle, as near the tumor as possible, leaving enough exterior to it when separated, to prevent the ligatures from slipping off. The ligatures were strong and tied very tight. The tumor was then cut off and the pedicle kept exterior to the wound by an assistant. After examining the right ovary, and finding it healthy, I carefully sponged out what serum remained, and brought the edges of the wound together, and retained them in position by deep sutures, being careful not to include the peritoneum. The pedicle was then confined to the lower edge of the wound, by a stitch through it and the abdominal integuments, leaving the ligatures exterior to the wound. Adhesive plasters were then applied, and the wound dressed with lint compress and bandage, and the patient carefully placed in bed.

On examining the parts removed, we found the ovary very much indurated, and about the size of a small hen's egg, and attached to a tumor circular in form, and about six inches in

diameter, two inches thick in the center, rounded on the external and flat on the internal surface, so as to form an edge at the circumference, with a thick membrane proceeding from the edge of the tumor, forming a sack which contained three or four quarts of serum. The tumor with the sack very much resembled in form the placenta with its membranes attached. Both surfaces of the tumor and sack were smooth and appeared like the continuation of the peritoneal membrane thickened. The structure of the tumor was fibrous and very much indurated.

As soon as the effect of the chloroform passed off, after the operation, a full dose of opium was given to confine the bowels and allay irritation. Her pulse was then 65 and rather weak. I remained with her an hour; during that time her pulse came up to 75. As she was very comfortable, I left her. Dr. Myers saw her with me at 4 P. M.; reaction was fully established; pulse 100, soft and full; rather restless, but complains of no pain; gave morphine half grain, and ordered ice water in teaspoonful doses to wet her mouth. 10 P. M.—Pulse soft, full and regular. Slight efforts to vomit. Drew off 6 or 8 oz. of urine with the catheter. Prescribed a full dose of morphine, and continued ice water.

11th, 9 A. M.—Pulse 95; skin nearly natural; tongue slightly coated; voided 4 or 5 oz. urine. Complains very little of pain or tenderness of the bowels. R—Morphine gr. ss, if she has pain or is restless; diet, rice and barley water in small quantities. 4 P. M.—Pulse 90, soft and full; drew 8 or 10 oz. urine. R—Morphine gr. ss, if necessary to keep her quiet.

12th, 9 A. M.—Rested well last night; pulse 90, soft, full and regular; bowels neither tender nor tympanitic; tongue moist; no thirst; every way comfortable. Evacuated the bladder and continue morphine if necessary. 10 P. M.—Pulse 80. She has some appetite, has taken two or three small crackers in coffee. Evacuated the bladder; urine nearly natural. Continue morphine.

14th.—Feels very comfortable this morning. Removed the dressings from the wound, which appears to be entirely united. As there was no suppuration, the sutures were not removed. R—Continue morphine if necessary.

15th.—Pulse 86 and natural. Passed some blood with her urine, and has some pain in the region of the bladder; otherwise comfortable. R—Continue morphine if restless.

16th.—Feels well this morning. Pulse 75; urine normal. Removed the sutures; wound entirely healed, except around the pedicle. Every way comfortable.

17th.—Bowels moved for the first time since the operation, by an enema. Appetite good. She wants to get up, but advised to keep the bed, except to evacuate the bowels or bladder.

23rd.—For the last six days she has continued to improve steadily; has been up a number of times. Pulse 70 or 80; appetite good. Ligatures came away to-day, and the pedicle slipped into the peritoneal cavity, leaving no perceptible opening. Continue adhesive plaster and bandage to support the relaxed abdominal muscles. The bowels being rather constipated, prescribed a dose of castor oil.

24th.—Oil moved the bowels freely. Feels well; appetite good; pulse 75, soft and normal; tongue clean; no disturbance of the bowels.

27th.—I did not visit her for the last three days. She has been steadily gaining strength; appetite good; bowels moved every day, once only; sits up an hour at a time without inconvenience.

30th.—Found her up and dressed, packing her clothes to go home, to Lacon, Marshall Co., Ill. I was surprised, for I warned her not to walk about until I saw her. She said that she felt just as well as ever, and ought to be at home to attend to her affairs. I prevailed on her however to stay until Tuesday, the 5th of August, when she left, feeling every way perfectly well, making 26 days from the time of the operation.

I received a letter from her daughter, dated August 10th,

saying that her mother got home well, though was very weak, but that she soon got rested, and was gaining very fast.

Another letter, received August 24th, reports complete recovery.

REMARKS.—On examining the reported cases of ovariectomy, we find, that in nearly all of those that prove fatal, that death is caused, either by the *shock* of the operation, hemorrhage either primary or secondary, or inflammation from the injury and exposure of the viscera.

In this case the shock was not at all severe. The patient survived it to admiration. With regard to hemorrhage, not an ounce of blood was lost. Having the pedicle exterior to the wound, we drew the ligatures so tight that the circulation was completely cut off, thereby preventing the possibility of hemorrhage, and hastening the separation by the ligatures. The *ecraseur* has been recommended to bruise off the pedicle. We had one at hand, but fearing the possibility of hemorrhage, concluded not to use it. The result shows, that in this case at least, it could not have been better than the ligature.

Finally inflammation, which is most to be feared after ovariectomy, was prevented or opposed by keeping the patient on her back, without suffering her to raise up on any condition; evacuating the bladder with the catheter as often as necessary; giving little or no nourishment for the first few days; confining the bowels until the wound was healed; and keeping the patient perfectly quiet and free from every irritating cause.

The two last indications were admirably accomplished with morphine, which, in fact, was the only medicine given, with the exception of a dose of castor oil on the thirteenth day, and a dose of opium immediately after the operation.

ARMY CORRESPONDENCE.

HUNTSVILLE, ALABAMA, CONVALESCENT BARRACKS.

The mails have been so irregular, that I have refrained from writing heretofore. Having the good fortune to receive a letter of two months age, I write you hoping that you may receive this as soon.

Those who came down sanitarily with amputating cases and desires before Corinth, were doomed, you remember, to cursing and disappointment. I, with previously exalted ideas of Kentucky mammothness, chivalry, hunting and health, have been doomed to the latter only, leaving the cursing to those who can do the subject scientific justice.

The scales have fallen from my eyes, and the comparative microscopy of Kentucky soldiers, while placed in contrast with Northern troops, glaringly appears. The Kentuckians do well in the fight, but in the camp they are worse than useless. They take no care of the camp, of their equipage, or of themselves. I have been connected with one of those regiments, and speak with authority. The testimony of hospital surgeons is, that too great a proportion of Kentucky troops are "hospital pets," and frequent Convalescent Camps and Barracks.

Most of the diseases are chronic diarrhœas and remittent fevers. Both need stimulants. Diarrhœas yield to no local treatment. They must be attacked constitutionally. Whiskey and quinine, with some aromatic and warm spice, is the most successful remedy. How depletants can be used successfully in the army, I see not. A *good article* of whiskey saves more men than any Patent Medicine man ever *advertised* to do, from Townsend's Sarsaparilla to Day & Martin's Blacking. This from me, a thorough going and absolute tee-totaler, is strong language, but I cannot abate from it.

The familiar treatise on Alcohol will not find many converts

in the army, and I think that a few months service down here would correct many of the views of "the father of the American Med. Ass." Alcoholic stimulants are absolutely indispensable to maintain life in many, who will return home, and shortly be able to re-enlist.

Remittents do not succumb to the use of quinine so quickly and universally as with us. Larger doses are necessary and often imperative. I rely much on rest, good diet, and a plentiful use externally of cold water, during the accession of the fever. Arsenic does better as an antiperiodic, than with us even; but anything except quinine is difficult to obtain. That, however, is probably owing more to the neglect of the regimental surgeons, than to any defect in the Medical Purveyor's Department.

Scorbutus is prevalent, but in a mild form, showing itself first in sore mouths, which quickly yield to chlorate of potash. "Cold sores" in the mouth become a species of indolent ulcers, but over which nit. arg. exercises no control, excepting to make them worse. If a soldier has had the misfortune to have a broken bone in years previous, the scorbutic state occasions great pain in the neighborhood of the fracture, while at other times the limbs become cedematous and weak, inso-much that they are of no use to the patient.

To scorbutus, I place often the indirect cause of diarrhoea. The men craving vegetable food, on every occasion that presents itself, rush to every excess, including green watermelons and all kinds of young weeds, as "greens." Such trash cannot be imprisoned with impunity in an enfeebled stomach and intestines, and the imprudence results in a stampede on the part of the intestines, and a general "run on the bank," till the offending matter is removed. Soldiers generally cannot be fools; according to the old adage, experience teaches fools: for experience teaches the soldier nothing. Nothing alarmed at the previous course of watermelon treatment; the soldier embraces the very first opportunity to repeat his suicidal action, and soon becomes exhausted beyond remedial aid. It

would seem that many of the soldiers in coming to the army, left their quota of common sense at home, relying solely on the force of circumstances, to rejoin it at the end of the war.

Typhoid fever is not so common as I expected to find. "Camp fever" does not decimate our troops as the fearful fogies of editorial-physic tendency, predicted when advocating a progressive "On to Richmond" movement. It is almost always complicated with a scorbutic taint, and after a comparatively short course tends to a typhus rather than a typhoid condition; the tongue is red and raw like a raw steak; the patient unconscious or wild and muttering; the pulse quick, weak, and intermittent. To this state camp fever usually tends, unless met early with stimulants, and par excellence, alcoholic.

Nostalgia is another disease which is not a stranger to us. I had one case whose inception occurred soon after I had discharged 45 men from the regiment at one time. He gradually lost his appetite, lost his spirits and ambition; took no notice of any one, but a surgeon whom he always pestered for a discharge, alleging that he knew he shouldn't get well, although he complained of no pain. At last he became so emaciated, that I sent him to the hospital, where he was carried forth one morning to rest in his long home.

I have had cases of another disease, whose symptoms are as varying as Proteus. It generally occurs just before a battle is expected, and is oftenest seen among the officers, particularly captains and lieutenants; sometimes diarrhœa, or tormina and tenesmus, sometimes like cholera morbus, almost always attacking the alimentary canal somewhere; sometimes the patient has every symptoms of disease you can mention, and a general sense of "feeling awfully." They always recover when the necessity of a battle is over.

The closing of the mail puts an end to these rambling notes.

Yours Respectfully,

D.

EDITORIAL AND MISCELLANEOUS.

Cantharides as a Therapeutical Agent.—ALEX. McBRIDE, M. D., U. S. Vol., in the *Lancet* urges that in cantharides the profession have one of the most potent agents “to re-kindle the warning spark of vitality—an agent which in many cases of disease, at an almost hopeless stage, will rally the scattered and almost dissipated vital forces, concentrate and generalize their action and re-establish that series of atomic changes upon which vital action depends.

He argues that the principal effect of the fly vesicant is really attributable to the absorption and general action of the active principle of the cantharides. He has used it in the depressed stages of typhoid fever with pulmonary congestion, in “sinking” chills, in partial paralysis with constipation, in coma with scanty heavy urine, in pneumonia with quinine, in gangrenous erysipelas, in poisoning by animal fluids, in hysteria accompanied by profuse leucorrhœa, in cholera, etc., etc. The general indication for the use of this potent remedy he italicizes as follows :

“When in atonic, asthenic or adynamic disease it is a desideratum, from whatever cause, to produce general or local capillary tonicities, the internal use of cantharides will be indicated, and in quantity proportioned to the urgency of the demand.”

Dr. McBride administers the medicine in much larger doses than those ordinarily directed. One fluid drachm, he says, will generally be sufficient, but in severe cases he would not hesitate to double the amount. The effect will be manifested twenty minutes or less. Smaller doses may be repeated in from one to two hours after. No more should be given than sufficient to accomplish the general object, and its administra-

tion should not be trusted to any other judgment than that of the physician himself. He admits that it may do mischief when given too largely, or on improper and false indications; but, like mercury, it will do *something* in any dose. From the theoretical and practical considerations he derives the rule: "*Cantharides may be given in free doses (in cases where indicated) as long as the urine continues of a darker color than pale amber.*"

Strangury does not occur as long as the urine is copious and heavy. When it does occur he regards it as a good symptom. He has seen no evidence of its supposed aphrodisiac action.

We can not look upon Dr. M.'s article as establishing more than the well known fact that the *cantharis* is a powerful but *unmanageable* stimulant. The large doses recommended we have no doubt may be safely employed so long as the kidneys rapidly eliminate the active principle, and precisely there the difficulty commences—failure to eliminate will of necessity entail the poisonous effect.

It is unnecessary to state, after the remarks made last month in this JOURNAL, that we dissent entirely from the author's suggestion that the external application of the fly is beneficial mainly from the absorption of its active principle and consequent systemic impression. Nevertheless it is true in vastly the larger proportion of cases, if not in all, that when the "blistering point" is reached, internal support and stimulation is ordinarily indicated. We regard the article as valuable as being among the many evidences every day accumulating that the deplorable "antiphlogistic" treatment so often carried to death's door, is subsiding to its appropriate level and material disuse. The atrocious paradox of "pulling down with one hand whilst building up with the other"—deemed so profoundly sagacious by some medical theorists—is receiving rapidly its ultimate quietus.

Alcoholic Stimulants in the Army.—The Cincinnati Academy of Medicine, reported in the same journal, in a discus-

sion upon the subject of army diseases appear to have pretty generally agreed that the judicious administration of alcoholic stimulants is necessary to the health of soldiers in active service. Otherwise the causes tending to enfeeble digestion become still more energetic in action and influence, and concurrently camp diarrhœas, typhoid fevers and conditions, erysipelas, etc., etc., prevail. This is an eminently correct view of the case, and we are out of all manner of patience at that counterfeit and base "philanthropy" (!) which has robbed the soldier of this physical necessity. It is all very well for dyspeptic parsons to thunder phillipics from their pulpits and coin adjectives and denunciations in their easy chairs; it is all right enough, we suppose, for Congressmen, torpid with costly Cogniac and Champagne, to pander to a sickly sentimentality among their radical constituents at home, and thus the soldiers be robbed of one of the prime necessities for health—but, let it be remembared, a fearful reckoning is being made up.

The moderate spirit ration is not conducive to intemperance, but positively a preventive. Whatever the mental habit of the soldier, the body will claim its rights. The articles of war cannot control the facts of physiology and common sense. The Maine liquor law applied to the army results much as it did when applied elsewhere. The pent up physical want of the soldier explodes in a volcanic excess of drunkenness the moment opportunity offers, and the history of this war, as of all wars, shows that opportunities do now and then occur in spite of the "regulations." The natural result is disease from the excess—just as the starving man endangers his life from unchecked voracity, whereas when moderately fed he eats *tuto et jucunde*. The occurrence of disease from the excess is charged upon the stimulant, and "tee-total" objurgations deafen all ears. It is time that this folly should cease. Practically it is being put to an end by some of the more sagacious commanders in spite of "red tape" and the clamors of easy going theorists, wrathfully

reforming the world in their carpeted chambers at the cool North. One way is by putting a little Quinine in a comfortable drink of whiskey as a *prophylactic*. Another way is by sending the soldier to the hospital or his home, where clear-sighted medical men know what is necessary and direct it with discretion. In our view prevention is better than cure.

It is to be expected that some dilapidated temperance lecturer, whose mental hull is laid up in ordinary, covered with barnacles, will launch out once more upon the sea of doleful platitudes when he reads what we have written. It is to be expected that some physiologic *sardine* will writhe and wriggle, in his oily packing, at the remote suggestion that his slumberous beatitude of hybernating humanitarianism is disturbed. But the plain truth is, "teetotalism" is just as applicable in the army as vegetarianism, and the arguments to sustain the one are precisely those to sustain the other. Some men have lived and do live without meat, and some men have lived and do live without meat, and some men have lived and do live without stimulants. Some have died from gluttony and some from intemperance; but eating and drinking may still be set down as consonant with life and health.

It is unfortunate that some medical men will still give way to this depraved sentimentality, just as they still too often listen to the fears of patients and attendants that nutritious food, the first element of success in the treatment of most, if not all, diseases, is dangerous in fevers. The professional follies and delusions of one age infallibly become the popular opinions of the next, and he is a man of more than ordinary influence and strength of mind who can always, or even often, combat them with success.

It is safe to say that this whole subject of alcoholic stimulants needs re-statement by the scientific men of the profession. The contra-stimulant doctrine is already, with the starvation system, practically consigned to "the tomb of all the Capulets."

Iron in Chlorosis.—The remark is attributed to TROUSSEAU, that preparations of iron given in cases of chlorosis with a tendency to tubercular disease, favor and hasten the development of the tubercles. It is therefore observed as important that cases of true chlorosis should be carefully diagnosed from pseudo-chlorosis. This opens a rich vein to the medical satirist; but by no means wishing to assume that character, we call attention to the strikingly apparent fallacy involved in the statement. The inference is that chalybeates are useful in the one, and not in the other—that chalybeates *per se* favor in some cases the development of tubercles. As though in either case there was a chance for antidotes, or for adjuvant poison. Such notions only tend to mislead. The chalybeate stands upon the same footing with any other medicine in such instances, and no Gallic refinement of diagnosis can do away with the stubborn fact that if the medicine improves the appetite, digestion and assimilation, it will be useful, whether the chlorosis be "true" or "pseudo"—if it impairs these, it will favor tuberculization. Tuberculosis is not to be met by antidotes, or prevented by ingenious combinations of drugs. The duty of the practitioner is to secure a bath of healthy blood for the diseased part—to see to it that the forming blood be provided with suitable material out of which to build up and repair tissue, an end to be secured, not by specifics based on strained dilettante distinctions, but by careful and comprehensive view of all influences operating on the patient, and restoration of normal physiological conditions. Is it not about time to quit this constant inquiry for specifics? Let the homœopaths have the full monopoly of the nostrum and panacea business.

Local Treatment of Diphtheria.—DR. WELLER, of EVANSTON, informs us that he has relied in several cases of severe diphtheria upon local treatment alone, and with marked success. He has found the best result from a lotion of Hydrarg. Bichlorid, one grain to eight ounces of water applied freely

to the affected parts every four hours. Next to this, he ranks a dilute solution of Perchloride of Iron. In some instances, alternation of the two at intervals of two hours seemed particularly efficient. He has promised us details for an early issue of the JOURNAL.

Prophylaxis of Diphtheria.—M. LOISEAU commends as a prophylactic when epidemics of diphtheria prevail gargles or lotions of aqueous spirituous or ethereal solutions of tannin, the strength varying with the age and susceptibility of the patient. A few drops may be swallowed each time. The addition of Chloroform to the alcoholic solution is occasionally useful. There seems to be a great diversity of practice among physicians, based mainly on the fact that some believe diphtheria to be only a local affection, others that it is a constitutional disorder.

Nitric Acid in Pertussis.—DR. BARKER, in the N. Y. Academy of Medicine, stated that he did not think Nitric Acid was applicable in the first stage of whooping cough, preferring at that period small doses of Tinct. Rad. Aconiti with rubefacients over the upper part of the chest posteriorly and anteriorly. After subsidence of inflammatory symptoms, free imbibition of nitric acid lemonade—fifty or sixty drops of the dilute acid to a tumblerful of water. He recommended also R—Syrup Lactucar, 3j; Ext. Belladonna, gr. $\frac{1}{8}$; Quiniæ Sulphat, gr. ss. M.—To be taken three or four times a day.

Alcohol in Purpural Hæmorrhage.—Rapid and prolonged intoxication is recommended in the *Gazette des Hôpitaux* as a remedy in cases of profuse hæmorrhage depending on purpura. A most efficient combination for this purpose is made by adding to the alcoholic stimulant full doses of Sp. Terebinth.

Chlorinated Soda in Scarlatina.—A writer in the *London Lancet*, July, 1862, reports several severe cases of anginose

scarlatina, with typhoid prostration, successfully treated by internal administration of solution of Chlorinated Soda. From twenty to thirty minims were given in Camphor mixture every hour. The solution was also used as a gargle. Brandy was also given internally in doses of about four ounces daily in one of the cases reported. The Sulphuric Acid was given as a tonic during convalescence. Probably the local application of the solution and the brandy were the really efficient agents. However, as there is always a great anxiety to "give something" in severe diseases, the Chlorinated Soda, in the doses indicated, may be given with as much confidence as the Chlorate of Potash—even though it will scarcely be claimed as "oxygenating the blood."

Arsenic in Onychia Maligna.—MR. CURLING, in the London Hospital, treated a bad case of onychia maligna of the great toe by first poulticing and removing the slough, and then applying a lotion composed of equal parts of Liquor Arsenicalis and water. This caused severe smarting and burning pain which lasted two hours. Several hours after, it was again poulticed and a grain of Morphia exhibited. The sore was thus treated on four alternate days, the pain caused being less each subsequent application. Strips of lint soaked in solution of Nit. Argent. were then applied, the edges of the ulcer supported, and at the end of a month the patient was discharged perfectly cured. The case had been one of marked severity for a long time, having required excessive doses of opium to alleviate the intense pain—often as much as one or two ounces of Laudanum daily. The local alterative effect of the arsenical solution was very striking.

Lotion for Infantile Erysipelas.—M. LOISEAU has used in many cases of erysipelas around the vaccine pustule in infants a lotion composed of tannin dissolved in brandy, with the addition of a small quantity of chloroform. The application is repeated at first at intervals of ten minutes, gradually in-

creasing the space to half an hour or more. It promptly relieves the pain and checks the spread of the disease. M. Loiseau thinks it probably applicable to erysipelas arising from other causes.

Asphyxia from Chloroform.—Dr. WM. MARCET, argues in the *Med. Times & Gazette*, that asphyxia from Chloroform is owing not only to its anæsthetic properties, but to its producing spasm of the glottis. He therefore urges, when this occurs, tracheotomy as well as continuous artificial respiration.

Chloroform in Ootalgia.—Dr. PATTEE, in the *Jour. of Mat. Med.*, recommends, in earache, to put a little loose cotton in the bowl of a common tobacco-pipe, drop on it eight or ten drops of Chloroform, cover this with another pledget of the cotton, then place the stem to the affected ear, and blow steadily into the bowl so as to carry the vapor directly into the ear.

Tannate of Iron and Collodion to prevent Pitting by Small Pox.—Dr. THOMPSON, at a late meeting of the N. Y. Co. Med. Soc., remarked that at the Quarantine Hospital they used a mixture of Collodion, Tannin and Iron with good effect in preventing pitting; the object of the mixture being accomplished by excluding the light with the black mark thus formed.

It is probable that the various measures proposed accomplish the object, if ever, by diverse methods, some as cauterants by aborting the pustule, others by relieving inflammation directly, and others indirectly by excluding the air and light.

Pernitrate of Mercury in Solution is strongly recommended by Dr. Gay, of the Great Northern Hospital, in cases of epithelial cancer, lupus exedens, and indurated chancre. The application causes great pain for an hour or two, but when the slough separates, a healthy granulating surface is left. It seems to quicken the energies of the healthy tissue, so that

no sooner is the disease gone than the wound is almost cicatrized, and that without the loss of tissue sustained by excision. The application may be made twice a week until all traces of local disease have disappeared.

The Mitigation and Suppression of Venereal Diseases.—This subject is one which is attracting the attention of the sanitary associations in most of the large cities of Christendom. Many plans have been suggested to meet the evil, but there are practical difficulties in the way of every one which has yet been brought forward. Meanwhile, the steady spread and increase of venereal diseases has become such as to awaken the most serious alarm, not only of the philanthropist, but of the political economist. The columns of the secular papers are rank and offensive with the obscene lucubrations of advertising knaves. Wherever the careful owner of a corner lot has put up the notice "Commit no Nuisance," the injunction is fearlessly disobeyed, by numberless posters of "Sacred Retreats," "Lock Hospitals," and "Confidential Advisers," warranting speedy cures without mercury. Fortunes are amassed by these vultures, whilst the healths and constitutions of their dupes are left in ruins. Those who have not examined into the subject, have no conception of the frightful waste of property, morals, health and life involved; but a morbid public sentiment still prevents proper action in the premises. Publication of the appropriate methods for mitigating and suppressing this master evil, is out of question. It can be met only by a quiet but relentless despotism—a despotism which can easily be so regulated as only to affect the evil doers—the fountains of this corroding pestilence. Boards of Health and Sanitary Police must assume power in the premises, and the evil can readily be shorn of its enormous proportions.

Penetrating Wounds of the Brain.—Recent cases have robbed the "crowbar case" of its solitary pre-eminence. Beaumont, of Toronto, reports a penetrating wound of the brain,

produced by a broken rocket shaft through the left orbit. The stick was extracted from the part with great difficulty. It passed almost directly backward nearly parallel with the mesian plane, apparently through the sphenoidal fissure, and into the base of the middle and posterior lobes of the left hemisphere of the brain. Its extraction was followed by a profuse rush of blood, a stream almost as large as the extracted shaft; but the bleeding almost ceased in five or ten minutes, iced water being applied over the forehead and upper part of the face. He did not even faint, and in fifteen minutes got up and walked. With the exception of application of iced water, and strict rest, little or nothing was done or ordered. Recovery was complete, with the exception of loss of the eye, paralysis of the parts supplied by the infra orbital branch of the superior maxillary nerve, and some imperfection of memory of matters which occurred subsequent to the injury.

In an instance recorded by Dr. A. H. Stephens, of the 6th Ohio Volunteers, in the Cincinnati *Lancet*, a minie ball proved almost as harmless as a homœopathic pill. We quote from the Doctor's account:

"One man was carried in on Monday. I could learn nothing of his case save that he had been found on the field insensible. He was perfectly comatose. On examination, I found an opening through the scalp and cranium, into which I introduced my finger full length. Finding the cavity filled with fractured bone, coagula, etc., I enlarged the opening of scalp to the extent of two or three inches, and removed a portion of the lower border of parietal and a larger part of mastoid process of temporal bone, then introduced the forceps and removed an ounce Minie, which had buried itself about two inches within the brain; but in removing the ball about three ounces of brain matter escaped. I replaced the integuments and dressed the wound as well as the case would admit, and placed the patient in his bunk to die; but in twenty-four hours his coma had quite left him, and he was rationally and loudly calling for water and indulging in many soldierly expletives to all who did not instantly attend to his wants! At the expiration of seven days, when he was placed on board of a boat to be transferred to a hospital, he had every appearance of a perfect re-

covery without the slightest relic of paralysis, and he informed me confidentially, that in four or five weeks he would return to 'crack the d—d butternut that hurt his head.'"

This occurred at the Shiloh battle. Verily, we shall begin to believe that brains are of little use in war-time.

En passant, we have information of a case where a surgeon poked a probe around in the brain, in search of a *Minie*, with a *sang-froid* that astonished the bystanders, but this man *died*. The surgeon recovered.

Amputations in Military Hospitals.—Dr. Sanford B. Hunt writes the *Buffalo Med. Journal* that operations on the field have proved more successful than secondary operations, adding but little to the general shock, even when high up on the thigh. Yet, he says, there are a vast number of exceptions, which should be borne in mind by the ambitious field operator. Thus cases of bullet wounds of the upper third of the thigh where the missile is buried in the femur without absolutely fracturing it. So also in wounds of the joints, especially of the elbow, which somehow endures disaster better than any other. Referring to the exploits in hospital of certain "distinguished operators," he eulogizes Brigade Surgeon John W. Hunt, of Western New York, (a namesake, but not a relative, of his,) who, on taking charge of the Mill Creek hospital, carefully locked up the surgical instruments and relied on a pair of scissors and a forceps. He certainly killed nobody, and the reporter thinks largely decreased the mortality, besides saving many useful limbs. He states that the conservative surgeons at Fortress Monroe trusted very little to resections, and did not hesitate to condemn their frequent employment. The proportion of operations to patients in the hospitals he says scarcely averages one per cent. "It remains to treat the majority *pro re nata*, to apply cerate to the kindly wounds, and water dressings to those inflamed, to watch carefully their cleanliness, to support with wines and tonics under exhausting discharges, to temper irritability with opium, and to secure for them as good a diet and as pure an

air as circumstances will permit."—Which convinces us that Dr. S. B. H., whilom editor of the *Buff. Med. Jour.*, has progressed since he wielded a critic's pen some eight or nine years ago. The war is having some good influences at least on the profession. The importance of nutritious diet and judicious use of opiates and stimulants is now pretty generally recognized among surgeons. Free ventilation and absolute cleanliness are also gaining in favor among them, although still almost wholly ignored by barrack builders, (witness the cattle sheds called barracks at Camp Douglas!); but, alas, physicians too often still imitate the boiling oil of ante-Pare times, or the healing salves, knives and saws of later times. Whereas the truth remains that the internal wounds produced by disease, about equally necessitate the same things. But patience!—the world moves—*Speculo ad alteram*.

Excision of Joints.—In a paper read before the Royal Med. and Chirurg. Society, by Dr. G. M. Humphrey, on the influence of Paralysis, Dis. of Joints, &c., on the growth of the bones we find the following conclusion, among others, of practical interest:

"*Excision of the knee*, if the epiphysial lines are removed, is followed by marked arrest of growth in all parts of the limb. If the epiphysial lines are spared, the growth, in most instances, keeps pace with that of the opposite limb." Preceding diseases, or invasion of the epiphysial lines by the suppurating process may modify this statement. Nevertheless the fact is so constant that every effort should be made to spare these lines, so that the limb, especially in young and growing subjects, may reach its maximum of perfection. In some instances the possibility or impossibility of choice in this respect may determine the selection between exsection and amputation.

During the discussion of this paper before the Society, Mr. Barwell and others adduced cases where local abscess had destroyed the epiphysial lines, resulting in permanent loss of

elongating growth in the bone. Paralysis, ankylosis, &c., probably diminish the growth of the bone and soft parts by the loss of exercise involved.

Iliac Aneurism.—Professor Syme, of Edinburgh, recently remedied a case of iliac aneurism by opening the sac and tying the common iliac and both the external and internal iliacs. A screw clamp of peculiar construction, provided by Prof. Lister, of Glasgow, was employed to effect compression of the abdominal aorta, and when this was complete the sac was opened through all the textures concerned, by a free incision, and about six pounds of blood and clots scooped out. The ligatures separated on the nineteenth day, everything having progressed in the most favorable manner. It may be remarked that the ligatures were applied close to the sac—Prof. Syme observing that it was no more likely that the artery was diseased near to than remote from the rupture. This bold and decisive assertion, justified in its successful result, was strongly urged by Prof. S: as negating Hunter's supposed universal rule—as for example, in axillary aneurism, where the vessel is easily reached at the point of rupture, and with great difficulty, as well as danger, tied above the clavicle. The modification of practice in such cases is altogether analogous to Mr. Guthrie's ligation of arteries at the part wounded rather than at a distance on the proximal course.

"Bock Agen."—"Monsieur Tonson has come again." The Brigadier still claims the benefit of our columns for advertising purposes. We believe our correspondent must have been mistaken when he spoke of him as being of the German persuasion. At all events, he has lived in Yankeedom long enough to be up to the latest Yankee advertising dodges. Notoriety, the Brigadier evidently believes, is the next step to fame. Once to have people read his name in print, and then, by a *ruse de guerre*, make them believe the animal is a true lion and not the other quadruped, or "Bottom the weaver." The actual cautery applied to the Brigadier's back first, sent him braying and prancing up and down the columns of the Ex-Governor's paper as the victim of his "nationality."

That dodge was found not to work, although he scattered his melancholy lucubrations into the possession of every surgeon, suspected of being an "adopted citizen," throughout the grand army. The surgeons of adopted citizenship saw through the leonine skin, and recognized the unmusical bray.

Still writhing under the unappeased smart, a contemporary has hitched him to the ambulance of their college and tries to make him do duty in taking not only himself, but them, out of the field—trusting that his struggles might prove more successful than those of their recently discarded patron saint. It won't do!

In the multiplicity of demands upon our correspondent's time he finds no present opportunity, even did he deem it necessary, to reply to the elaborate tissue of misrepresentations which the Brigadier and his associates have so wearily woven. Too many cooks have spoiled that broth—there is no coherency or compatibility to its parts.

The Brigadier says at the outset that he did not have charge of that boat; but, as he afterwards states that he had, and and gives details to show that he had, the Brigadier simply contradicts the Brigadier.

The Brigadier says that the *Chicago Tribune* failed to return either his communication or his postage stamps. We commiserate the Brigadier, and candidly admit that the *Tribune* folks ought to return his stamps.

The Brigadier says he scarified the eyelid to relieve the cedema and intense pain with which the patient was continuously screaming, and not to evacuate pus. Our correspondent is prepared to prove by affidavits if required, that the patient was not screaming, had not screamed and did not scream until the Brigadier incised and *squeezed* the part; that the Brigadier asked our correspondent if he did not think there was pus in the part, and without waiting an answer enlarged the wound "near the left eyebrow"—not in a depending part, but above the accumulation, whatever it was. In common with all good surgeons, our correspondent believes that incising an eyelid to relieve cedema is bad surgery always.

The Brigadier writes that our correspondent had some degree of responsibility about the application of some splints to a German soldier with a femur fractured by a gun-shot. The only thing our correspondent had to do with the case was in assisting Dr. Gillette to apply some splints the latter was agent for. He had first applied some short splints, there being none other to be had. All the rest of the Brigadier's

statements upon this point are simply false, and his insinuations dastardly.

It appears, also, that the Brigadier never heard of trephining the spine, and ridicules the idea of searching for a ball which might have depressed one of the vertebral laminae. In the case alluded to there was paralysis of the sphincter ani, bladder and lower extremities. In accordance with the most importunate entreaties of the patient, he was anæsthetized and search made for the ball with the bare chance that it might be reached and the patient be saved. Without the operation, death was inevitable—with it, there was a remote hope. There was no bloody cutting, no squeezing, no screaming—but a painless sleep during which there was an attempt to give a patient his last and only chance. The result was unsuccessful, but the attempt none but a donkey, (or a Brigadier,) with his hide still smoking from the branding iron, dare say or insinuate shortened life an hour.

The notoriety-seeking Brigadier says that the Medical Director, understanding his lamentable physical condition, sent "a very respectable medical officer" to assist him. This very respectable medical officer was Dr. Stahl, of the 10th Illinois. This identical gentleman told our correspondent that the Medical Director sent him because the Brigadier was incompetent—what further he said or did might be written, but the Brigadier might as well drop it here.

Our correspondent was informed in so many words by Dr. Isham, of the Sanitary Commission, that he was to take charge of the boat, and accordingly went to work systematizing matters. He was brought up with a round turn by the Brigadier asking the Medical Director who had charge of the boat. "You," said the Director, whereupon our correspondent subsided. Up to that time our correspondent had not seen the Director, so that if any unfavorable influence had been exerted on him, it was not by our correspondent.

The getting off of the boat was *verbatim* as described by our correspondent. The Brigadier, in denying it, shows that either his memory or his moral faculties have been impaired by his "*wounds*."

The Brigadier winds up his advertising circular by triumphantly asking our correspondent why he does not join the army? We have asked the same question, and received this reply:—"Because I am afraid I should get to be a Brigadier—should get on my horse some nice day and ride leisurely on to the battle field, a shell should explode, scare my horse, he fall

down on me and tear my cap, and hold me until I was "out-worn to death nearly," should then have to be ambulated to a convenient boat to get home; "go lame" when any of the medical or other officers were about and go straight when they were not; come home and stay several months on pay while I was doing nothing, instead of resigning for the good of the service when I found myself worthless in it; should devote my leisure to writing scurrilous articles to the secular and medical press, when I ought to be posting upon the army regulations, and perhaps moderately on ophthalmic surgery."

Candidly we think our correspondent more than half right. We have devoted more space to this Brigadier than we intended; if he wishes further notice he must get it elsewhere, even though he seizes an initial as the excuse for attacking the position of a Professor in Rush Medical College. In our humble opinion a teacher in a respectable medical college at the present time occupies a position which in responsibility and importance is second to no other. The point does not need argument; military schools are trivial in importance beside the medical colleges. As a teacher of Anatomy, the tongue of the rankest calumniator dare not whisper a word in detracton of the splendid abilities of the gentleman whom the Brigadier singles out as the object of his venomous spleen. So far as any question of veracity between the two is concerned, we scorn to insult our correspondent by making the slightest observation. So far as the nationality is concerned, we have only to say that our correspondent, whatever his ancestry, knows in the United States but one country and one people, and if he takes the money of the Government it will only be as the scant recompense of arduous service, and not as a *douceur* and pension for trivial or imaginary hurts.

But, what has Rush Medical College to do with the controversy between the Brigadier and our correspondent? The petty malice which could lug in the low-flung denials and vituperation of the cauterized Brigadier to point an attack on a position in the College, is of a piece with that same brilliant strategy which has led its originators, when defeated before the medical public, to seek to bolster up their tottering fortunes by secret political intrigues and kitchen-cabinet chicane. The same pitiful back-stairs influence in the purlieus of Springfield which has resulted in the profession being un-represented wherever its power should have been felt, breathes all along the lines of the retired Brigadier, nursing a wound which the hot iron of our correspondent did unexpectedly make in his pachydermatous integument.

Honorable medical men should scorn such petty artifices and despicable devices. We notify the Brigadier, and his backers, that the attempt to throw dirt at the Medical College by his pawings and kickings, will prove as futile as his previous attempt to cover his blundering inefficiency under his nationality.

Surgical Instruments.—We are frequently consulted by subscribers in different sections of the country, with reference to facilities in Chicago for procuring surgical instruments of various sorts. Very many wish to procure particular instruments, or to make up cases differing in some respects from the usual ones, or again to have old instruments or cases repaired, replaced or refitted, or new instruments for particular uses. To save ourselves time, and also to communicate what we believe will prove of value to our readers, we here put down that Tolle & Degenhardt, of 130 Clark St., whose advertisement appears regularly in this journal, are a firm who can be fully relied upon in every respect in the premises. They employ none but the most thoroughly competent workmen, and every particle of material is most carefully selected. They use only the finest German steel of Staub, and every blade, or other manufactured article, is fully warranted. We apprehend from our experience in their wares, which has been considerable, that they have little or none returned upon their hands. It is totally unnecessary for surgeons in the North-West to send to the far East for instruments or apparatus, whilst such ingenious and reliable artisans are among us. We heartily commend them and their works to correspondents and readers. With very little noise or attempt at display, they have already built up a business which is not only creditable to themselves, but to our city.

Conservative Surgery.—A correspondent is preparing the details of a case where the wheel of a railroad car loaded with wheat, passed over the ankle of a boy of some dozen years of age, and yet, not only the foot, but the ankle-joint is saved and useful. The accident occurred about a year since in this city.

Rush Medical College.—It is with great gratification that we are enabled to announce that, in the possible contingency of the absence of Prof. Blaney the ensuing session, Prof. E. S. CARR, of the University of Wisconsin, has consented to give the course on Chemistry. The national reputation which Prof. Carr has achieved by his lectures on this branch, whilst

connected with the Medical Colleges of Castleton, Albany and Philadelphia, renders it unnecessary to introduce him to the friends of the College. For profound learning, success as a teacher, brilliancy and eloquence as a lecturer, he is unsurpassed—we had almost written unrivalled. The great demand for qualified medical men now experienced throughout the country, renders the prospects of the College at present peculiarly flattering. We congratulate the coming class that the hiatus caused by the absence of Prof. Blaney is to be so happily filled.

Owing to the absence of Dr. E. Powell, as Surgeon of the first Board of Trade Regiment, it had become necessary again to supply the place of Demonstrator of Anatomy. Students who were present the last session will learn with great satisfaction that I. P. LYNN, M. D., who then filled the position with such marked ability and success, has consented to act in the same capacity the ensuing session. Dr. Lynn demonstrated then his peculiar adaptation to the position, and by his thorough acquaintance with the subject, his energy, zeal and personal qualities contributed largely to the general success of the course. As a general practitioner—as surgeon of a regiment—as Demonstrator in the College, indeed in every responsible position where he has been placed, Dr. L. has invariably gained distinction for himself and reflected honor upon Rush Med. Coll., of which he is an alumnus. We therefore announce the renewed connection with peculiar satisfaction.

Dr. Fisher's Case of Ovariectomy.—A little derangement of our calculations as to the space occupied by matter already gone to press, prevents our noticing in the present issue Dr. Fisher's remarkably successful case of ovariectomy. We shall take occasion to comment upon it the next month. The writer having previously diagnosed the case, and strongly advised the operation, has naturally felt much interest as to the result. It is due to Dr. F. to say that the extraordinary immunity from unpleasant or disastrous sequelæ was largely due to his most constant attention and supervision subsequent to the operation. This is the point of almost supreme importance.

Conservative Medicine.—The attention of all thinking, progressive medical men is requested to the exceedingly able essay, by Prof. Flint, which is commenced in this number of the JOURNAL. Sustaining, as it does, views which for years have been incorporated in our teachings, written and didactic, we hail it as eminently fit to be read and pondered.

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SUMMER SESSION, 1862-3.

THE Fourth Regular Summer Course of Lectures in connection with the above Institution, will commence two weeks after the close of the Regular Term, and continue Four Months. The course will consist of daily Lectures at the College, Recitations and Clinics at the Hospital and Dispensaries. Every facility will be afforded for Clinical instruction at the City Hospital, Eye and Ear Infirmary, and College Dispensary, the course throughout being practical and complete. Fees for the course, \$10, to defray expenses. Anatomical material furnished in abundance. Circulars will be issued in the Spring. Any further information may be obtained by addressing H. W. JONES, M. D., Chicago, P. O. Box 2052.

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Edwin Powell, M. D., *Operative Surgery.*
E. L. Holmes, M. D., *Ophthalmology and Diseases of the Ear.*
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SECOND ANNUAL SESSION, 1862-3.

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R. OGDEN DOREMUS, M. D., No. 70 Union Place, Prof. of Chemistry and Toxicology.

AUSTIN FLINT, JR., M. D., No. 74 Union Place, Prof. of Physiology and Microscopy.

CHARLES PHELPS, M. D., Demonstrator of Anatomy and Curator of Hospital Museum.

SYLVESTER TRATS, M. D., Prosector to Chair of Operative Surgery and Surgical Anatomy.

N. R. MOSELEY, M. D., Prosector to Chair of Surgical Anatomy.

ARTHUR A. SHIVERICK, M. D., Clinical Assistant to Chair of Principles and Practice of Medicine.

A. W. WILKINSON, M. D., Assistant to Chair of Chemistry and Toxicology.

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PRELIMINARY TERM.

The Preliminary Term will commence on Wednesday, Sept. 17, 1862, and continue to the beginning of the regular term, viz: four weeks. In addition to daily instruction in the Bellevue and Blackwell's Island Hospitals, at least three Lectures will be given daily during this term, exclusively by members of the Faculty. The didactic instruction during this term will embrace the following subjects:—Surgical Affections of the Breast and Testes, by Prof. Wood; Surgical Affections of the Eye, by Prof. Sayre; Amputations, by Prof. Mott; Surgical Dressings by Prof. Smith; Inflammations of the Uterus, by Prof. Taylor; the Symptoms, Signs, and Disorders of Pregnancy, by Prof. Barker; Uterine Therapeutics, by Prof. Elliot; Diet, by Prof. McCready; Comparative Anatomy, by Prof. Childs; Diagnosis of Diseases of the Heart, by Prof. Flint; Toxicology, by Prof. Doremus; Anatomy and Functions of Glandular Organs, by Prof. Flint, Jr.

REGULAR TERM.

The Regular Term will commence on Wednesday, Oct. 15, 1862, and end early in March, 1863.

During the whole of the Session, the Student will have the opportunity of attending, at least, two Clinical Lectures daily. In addition to these, during the regular term, three Didactic Lectures are given on every week-day, except Saturday. The Didactic Lectures are so arranged as not to interfere with attendance in the Hospital wards. Ample time is allowed for accompanying the Visiting Physicians, Surgeons and Obstetricians in their daily rounds, attending clinical lectures, witnessing surgical and obstetrical operations, and following private courses, without compromising in any degree the regular didactic instruction. Clinical and Demonstrative teaching constituting the great feature of this College, the arrangements are such as to render the immense resources of the Hospitals available to the Student to the fullest extent.

All the Lectures in this College are given either in the Hospitals or in the College building, situated within the Bellevue Hospital grounds.

The BELLEVUE HOSPITAL receives annually from Ten to Twelve Thousand Patients, the average number of cases constantly under treatment during the winter being from Eight to Ten Hundred. Cases of all descriptions, excepting only the eruptive fevers, are received. The annual number of births in the Hospital is about Five Hundred. The BLACKWELL'S ISLAND HOSPITAL, under the charge of the Medical Board of the Bellevue Hospital, contains usually about One Thousand patients, a large proportion being affected with chronic diseases. This Hospital always contains several hundred cases of syphilis.

In addition to the immense field of clinical instruction afforded by these hospitals, the student may avail himself of other resources for practical instruction contained in the great metropolis.

Practical Anatomy, amply provided for by law, may be prosecuted to any extent and without expense.

Twenty-two resident Physicians and Surgeons are annually appointed on the recommendation of the Medical Board of the Hospital, after an examination, and receive a salary adequate to their support.

The fees for all the tickets for the Session amount to \$105. Tickets for one or any number of the seven departments of instruction may be taken out separately. The matriculation fee is \$5. The graduating fee is \$30. No additional fees are required for hospital tickets or anatomical material. Students who have attended two full courses in other accredited schools receive all the tickets for \$50, exclusive of the matriculation fee. Students, after two full courses in this College, or who have attended one full course in this College, and one full course in some other accredited school, are required to matriculate only. Graduates of other schools, after three years, are required to matriculate only. Prior to the expiration of three years, they receive a general ticket for \$50.

The requisites for graduation are the same as in other Colleges of this State.

Comfortable board and lodging may be obtained for from \$3 to \$5 per week. The necessary expenses at attending a course of lectures need not exceed \$200, exclusive of traveling expenses.

Bellevue Hospital is situated on East River, between 26th and 28th Streets. The entrance to the Hospital is on 26th Street. Students, on arriving in the city, are requested to report at once at the College of Bellevue Hospital. The Janitor will be provided with a list of boarding-houses near the Hospital, and will take pains to aid students in securing comfortable accommodations without delay.

Persons desiring further information are requested to communicate with the Secretary of the Faculty, Prof. Austin Flint, Jr., No. 74 Union Place, corner of 4th Avenue and 19th Street.

Aug., Sept. and Oct.

RUSH MEDICAL COLLEGE,

CHICAGO, ILL.

SESSION 1862-3.

FACULTY.

DANIEL BRAINARD, M. D., *Surgery and Clinical Surgery.*
J. V. Z. BLANEY, M. D., *Chemistry.*
J. W. FREER, M. D., *Physiology and Sur. Anatomy.*
J. ADAMS ALLEN, M. D., *Prac. Med. and Clin. Med.*
EPHRAIM INGALS, M. D., *Therap. and Mat. Med.*
DE LASKIE MILLER, M. D., *Obstetrics.*
R. L. REA, M. D., *Anatomy.*

EDWIN POWELL, M. D., *Dem. Anatomy.*

The Regular Session will begin Wednesday, Oct. 1st, and continue sixteen weeks.

Fees for the course,	-	-	-	-	\$40
Hospital Ticket,	-	-	-	-	5
Demonstrator's Ticket,	-	-	-	-	5
Matriculation	"	(once only),	-	-	5

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The Annual Announcement will be issued July 1, and those wishing further information will please address.

R. L. REA, *Secretary.*
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